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ABSTRACT

This theme issue deals with the topic of the relationship between health and learning as it applies to the care of the young child. It consists of three parts. The first part is a lengthy article, "Health Care: The Care Required To Survive and Thrive" (J. Evans), explains health and caring environments of young child in the given economic conditions worldwide and provides ways that early childhood programmers can strengthen all dimensions of child care, including health, nutrition, education and family support. The second part provides four case studies of programs in India, Bolivia, Thailand, and Malaysia that use various strategies for caring for young children and their families. The article in the third part, "Attention by International Organisations to Early Childhood Care and Development: An Analysis of United Nations World Reports, 1993" (R. Myers), examines the current activities of international organizations working in early childhood care and development and analyzes the latest World Reports issued by specialized agencies of the United Nations. This article notes that international organizations are beginning to recognize the importance of the integrated nature of children's development during the preschool years and its relationship to larger social and economic development questions. Activities of the Secretariat for the Consultative Group on Early Childhood Care and Development, news from various family organizations in the network, and a list of publications and videos on related research and activities are included. (AP)

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Coordinators' notebook

Issue No.13, 1993

An International Resource for Early Childhood Development



THE CONSULTATIVE GROUP
ON EARLY CHILDHOOD
CARE AND DEVELOPMENT

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HEALTH CARE:

The Care Required to Survive and Thrive

JUDITH L. EVANS

What future would you like to see for your child? The way parents answer this question may determine whether or not the child survives. When parents see a future for their child, they will do their best to provide the child with the care required for survival, even in circumstances where very little food is available. However, if parents are hesitant or cannot give a response to the question, the child may not survive. The latest research on the relationship between health, nutrition and stimulation argues convincingly that an adequate food supply is not enough to assure a child's survival, neither is access to micro-nutrients, neither is education, nor absence of disease. Children's growth and development is fostered when all these variables are present, within a caring environment.

In the following pages we will explore the dimensions of a caring environment, and look at ways that early childhood programmes can strengthen all dimensions of Care including health, nutrition, education, and family support.

The Situation of Young Children

One and a half billion children will be born in the decade of the 1990s. Given economic conditions worldwide, these children will increasingly be born

into poverty and situations which threaten their chances for optimal human growth and development. The quality of the environment in which millions of children are growing up is inadequate by any number of criteria. Overcrowding, lack of potable water and sewage facilities, lack of adequate food, and inadequate caretaking characterise the environments of many young children. Frequent infection (most commonly diarrhoea) and malnutrition account for over 50% of all infant mortality in developing countries.

These statistics are likely to worsen as the numbers living in urban areas increase, which they will. It is estimated that by the year 2000, urban populations in the developing countries will increase from 1 billion in 1980 to 2.1 billion. This represents a 110 percent increase, compared with a projected increase in the world's population during that same time period of 38 percent. A further expansion of urban slum and squatter settlements is inevitable.

This situation is of concern to many. In recent years there has been an attempt to focus the world's attention on the needs of children, as evidenced by the *Summit for Children* convened in September 1990, and the fact that the *Convention of the Rights of the Child* was brought to the General Assembly of the United Nations in 1989, calling for universal standards for children in relation to survival, protection and development. But the *Convention* and other documents can only articulate desirable outcomes. They do not guarantee what will happen in the life of an individual child. Therefore it is necessary to develop policies and programmes at the regional, national and local levels to turn the wording of Conventions into reality. The various United Nations organisations whose mandates include children have taken on the challenge, as have a wide range of non-governmental and donor agencies.

With the year 2000 in mind, specific targets have been set. For example in terms of micro-nutrients the challenge is to eliminate vitamin A and iodine deficiencies and to reduce by a third iron-deficient anemia in women. (World Bank, 1993) The World Summit was not the only arena within which these targets were discussed. They were endorsed by the *Ending Hidden Hunger Conference* in October 1991, and at the *International Conference on Nutrition* in December 1992.

In terms of education one goal set forth was to achieve universal primary education by the year 2000. This goal was endorsed at the Education For All world conference in Jomtien, and reinforced at the follow-up EFA conference in New Delhi, where several related aims were proposed and debated. (These will be examined more fully in the next issue of the *Coordinators' Notebook*).

Are these goals realistic? Only if we take a good look at the complex realities of people's lives and what we know about successfully meeting their needs.

To begin with, we know that survival and healthy development cannot be achieved without significant



UNICEF/5675/Jeremy Hartley

A woman breastfeeds her child while another mother holds her malnourished daughter who is no longer breastfed, Sinkor, Monrovia.

attention to young children, from their conception through age six. The basis for good physical health and cognitive functioning in later years must be established during the early years. The dependence and rapid growth typical of infancy and early childhood make children vulnerable to a variety of health, nutritional, psycho-social and other environmental conditions. Those living in poverty are particularly at risk of poor physical and psycho-social development.

Second, we know that children cannot be viewed in isolation. It is necessary to recognize that they are part of an ever-changing society. By understanding more about changes in the family and community it is possible to identify the impact of those changes on children's growth and development. Such an understanding can then provide the basis for intervention programmes that meet the needs of children and their families.

Third, we are able to identify programmes that are effective and those that are likely to fail. Successful programmes generally require an interactive, integrated, culturally-sensitive approach and a breadth of understanding of people's beliefs, perceptions, needs and concerns. In contrast, mono-dimensional programmes, which may meet short term goals, are not likely to be sustainable. It is rarely helpful to impose a single solution which ignores the need for individuals and communities to control their own destinies.

Building on what we already know, this article examines the latest research which provides us with

a greater understanding of the relationships between nutrition, health, care, education and developmental outcomes for children. We begin with a look at the key needs of young children in section 1. This is followed in section 2 with data on the importance of the environment of **Care** that surrounds the child in terms of the immediate family and in terms of the wider culture. In section 3 we look at the health care requirements of young children, including reports on current research which identifies the powerful relationship between micro-nutrients and cognitive functioning and development. Section 4 provides guidelines that should be followed when creating new programmes or introducing health, nutrition, **Care** and/or education components into existing programmes that seek to support children's growth and development.

The Child: Key Needs from Conception through the Early Years

In terms of physical, intellectual, emotional and social well-being, the period from conception to age 6 is the key to subsequent growth, development and ultimate productivity. Pre-natally through the sixth year there are several distinct stages. They include: intra-uterine, intrapartum (the birth itself), postpartum (birth to 1 month), early infancy (the first six months), late infancy (6-12 months), toddler (1 to 3 years), and the pre-school child (3-6 years of age).

Children have different needs, depending on where they are within these stages. The younger the child, the more difficult it is to disentangle the physiological and psychological factors within the environment that govern health. The youngest children are completely dependent on adults. As they become toddlers environmental cleanliness, encouragement of eating and vigilance in terms of the child's safety are of utmost importance. The preschool child is more self-reliant. As noted by Engle (1992) these children "are initiated into the culture of children, and may even become fledgling caregivers themselves... they may have developed skills to obtain food for themselves, and the wisdom to protect themselves a little from pathogens in the environment." (pg. 25)

While the general description of differences across the ages is important, in order to create a programme for young children, it is critical to have more specific information on their needs. A delineation of developmental differences is provided by Donohue-Colletta (1992) for three age groups. She defines the needs as follows:

INFANTS (BIRTH TO 1) NEED:

- protection from physical danger
- adequate nutrition
- adequate health care
- adults with whom to form attachments
- adults who can understand and respond to their signals
- things to look at, touch, hear, smell, and taste
- opportunities to explore the world
- appropriate language stimulation

TODDLERS (1-3 YEARS OF AGE) NEED

ALL THE ABOVE AND ALSO REQUIRE:

- support in acquiring new motor, language and thinking skills
- a chance to develop some independence
- help in learning how to control their own behaviour
- opportunities to begin to learn to care for themselves
- daily opportunities to play with a variety of objects

CHILDREN AGES 3-6 (AND ABOVE)

IN ADDITION TO THE ABOVE, ALSO NEED:

- opportunities to develop fine motor skills
- encouragement of language through talking, reading, singing
- activities which will develop a positive sense of mastery
- opportunities to learn cooperation, helping, sharing
- experimentation with pre-writing and pre-reading skills

(pg. 63)

A wide variety of inputs is required to support children's growth and development. An important thing to note is that all the inputs require someone to interact with the child. Very young children are not capable of obtaining what they need on their own. The importance of adult-child interaction is underscored by the latest research which addresses specifically the relationship between nutrition, care and development.

Children's Requirements for Care

The quality of Care the young child receives determines his/her development. Engle (1992), defines care as *the provision in the household and community of time, attention, and support to meet the physical, mental and social needs of the growing child and other household members.* Care includes much more than keeping the child safe and free from harm. Caregiving behaviours include breastfeeding, providing emotional security and reducing the child's stress, providing shelter, clothing, feeding, bathing, supervision of the child's toilet, preventing and attending to illness, nurturing and showing affection, interaction and stimulation, playing and socializing, protecting from exposure to pathogens, and providing a relatively safe environment for exploration. (Zeitlin, 1991, Myers, 1992) A second set of caregiving behaviours includes the use of resources outside the family, including curative and preventative health clinics, prenatal care, the use of traditional healers, and members of the extended family network. (Engle, 1992) All of these behaviours are a part of supporting the development of young children.

The type of caregiving behaviour which is required depends to a large extent on the child's developmental age and the health and nutritional risks the child is facing. For example, during the first year of life the child is at the greatest risk of mortality. During late infancy (or when complementary foods are introduced) and during the toddler period, the child is at greatest risk of growth faltering.

While growth faltering may be the result of inadequate nutrition, there is clear evidence to suggest that it is also linked to the way young children are fed. **Feeding is more than giving children food, it includes the interactive process which accompanies the intake of food.** The interactive caregiving provided during the feeding process can have a profound effect on the child's later development. Studies comparing children who are well- and poorly-nourished suggest that there are positive Caring practices associated with children with better nutritional status, even though the children come from the same type of environment as their malnourished peers. (Zeitlin, 1993)

In the context of feeding, Caring practices include frequent physical contact, being consistently responsive to the child's needs and showing affection to the child. Care also includes *active feeding* which means being aware of how much the child is eating, offering the child a second helping, assisting the child in the use of a utensil instead of expecting complete self-feeding, and offering praise for eating. (Engle, 1992)

The studies of feeding are but one example of

current research that indicates the powerful effect of the interaction between the child and the environment on growth and development. Another example comes from longitudinal studies of children growing up in poverty. In Hawaii, Werner (1982) was able to identify children who were able to thrive even though the conditions under which they were raised suggested they would be malnourished and not develop well. She termed those children that did well *resilient*. Those characterised as resilient evidenced greater autonomy and competence (pg. 158) and clearly did better developmentally and over time than their non-resilient peers. They did better because they were able to "elicit predominantly positive responses from their environment." These children were also found to be "stress-resistant" compared to children who elicited negative responses from their environment.

In her research, Werner sought to identify what makes some children more resilient. She concluded, as have others, that the differences between children who thrive and those who falter are determined by the type of interaction that occurs between the child and the environment. The child's ability to thrive is greatly enhanced by the amount of affective stimulation and the kind of care the child receives. This clearly supports the contention that it is not enough to merely provide food. The child needs food and **Care**.

Another important factor in a child's ability to thrive is the level of support the caregiver (most often the mother) receives from others in the family and from society. This support plays an important role in the kind of care the caregiver is able to provide. Recognizing this fact, UNICEF has included support for the caregiver in their Nutrition Strategy. Adopted by the UNICEF Board in 1990, the Strategy suggests that in addition to food security, access to health care and a healthy environment, programming must address the care of children and women. Recent research supports the UNICEF position that all of these are necessary; one alone is not sufficient.

From the onset of conception, the child and mother are inextricably linked and this is maintained after birth through breast-feeding and psychosocial nurturing. Therefore the understanding of the health needs and problems of the young child starts naturally with adequate health inputs and supports for the mother. A range of variables have an impact

on women's ability to provide care. These have been outlined by Engle. (1992) They include:

1. *Physical health.* Many women in developing countries are chronically anemic and undernourished. This necessarily affects both the health of the newborn and the woman's ability to provide **Care**.

2. *Mental health.* This includes a woman's level of self-confidence and her status within the culture. When women are stressed and feel they have no control over their lives, the sense of powerlessness can debilitate them. The more they feel they can control aspects of their lives, the more self-confident they are and the more likely they are to be able to give to others.

3. *Women's status.* In cultures where women are subordinated to others, they are frequently unable to take good care of themselves, and may well lack the resources (physical and psychological) to care

for the child. When women are respected and have control over resources, they are more self-assured. This generally yields positive benefits for children.

4. *Women's income.* The literature suggests that women's work outside the home produces direct benefits for children, particularly if the salary level is reasonable and if the woman has control of the monies that she earns. In these instances, children are likely to have improved health and participate more fully in education.

5. *Education and Beliefs.* Numerous studies have demonstrated the strong positive relationship between a woman's education and child health and nutrition outcomes. While all the complexities of this relationship have not been explored fully, it is clear that when women are better educated, their children do better.

6. *Social Supports.* Moving beyond the individual, the sixth variable is the kinds of social supports available to women. When women feel they are part of a community, alternative forms of child care can be developed, agricultural production can be facilitated through the formation of work groups and informal sharing of tasks is possible, relieving the stress on an individual woman. Community support allows women to carry out a number of tasks effectively. Lack of supports may mean that many of the tasks are not done well.

7. *Time.* Somewhat related to the issue of social supports is the time that women have available for

Women have always played multiple roles that compete for their time and physical and emotional energy. Regardless of the context within which children are raised, care of children, particularly young children, is still the woman's responsibility. In addition, the woman is responsible for household management and operations, and economic/productive activity, some of which takes her outside the home. Demands on time and energy make it increasingly difficult for women to provide the kind of Care their children need.

Care The many hours of labour that women spend to accomplish a range of tasks during the day has been well-documented. One legitimate question is: if women had more time would it be devoted to childcare? The answer to this question is unclear. As Engle notes, the lack of an answer is largely due to the fact that when women are asked the question they find it hard to imagine having leisure time.

These variables are not static. They are changing all the time as the nature of women's work changes. New economic pressures on and possibilities presented to women mean they increasingly work outside the home, often for long hours and following schedules that limit their availability and thus the time they can devote to child care.

In rural areas women often work in the fields. While in many cultures women have historically constituted a majority of the agricultural work force, in other settings the out-migration of men who are seeking employment elsewhere has increased women's agricultural role. In addition, in some agricultural settings cash crop production and plantation economies have meant that women are increasingly being exposed to demands of rigid time and work schedules similar to those common in urban environments. In both urban and rural environments there is an increase in the number of women-headed households. All of these variables have an impact on women's work loads.

Zeitlin (1992) has studied the impacts the rapid pace of change is having on children and families. She concludes that many of the previous roles of the extended family are being taken on by society. Because of this, Zeitlin is concerned not only with the families' ability to provide care, but the ability of local institutions to take on this function as well. As Zeitlin notes, **Care** is moving from the non-monetized dependency relationships within a family to the monetized public realm, and money does not buy love.

Zeitlin provides rich insight into the relationship

In conditions where there are poverty, food insecurity and a high risk environment, good child Care and the social health of the family and community are the most important variables in determining children's nutritional success. (Zeitlin)

between family variables and children's developmental outcomes. The Positive Deviance Research Project, conducted from 1987 to 1992 was sponsored by UNICEF New York and Nigeria, the WHO/UNICEF Joint Nutrition Support Program (JNSP) of the Italian Government and Tufts

University. In five countries (Bangladesh, Indonesia, Nigeria, Nicaragua and Mexico), Zeitlin and a team of researchers undertook an "intervention research" approach which encompasses academic research, operational research and the development of a project. The particular focus of this study was on the relationship between family variables and children's nutritional and developmental status.

The study provides insights into the role and impact of traditional care practices on nutritional status and children's growth and development. It also provides a view of what the future holds as traditional practices are lost and modern strategies are introduced.

To represent the complexity of the data, Zeitlin developed a conceptual model that is elaborated on in her discussion of practices within the various cultures. The basic model posits that overall child growth and development, while rooted in family resources (material and social), is mediated by family management, beliefs and caring behaviours. These include: hygiene and sanitary practices; feeding practices; affection and attention; and academic stimulation provided to the child, all of which are components of **Care**. Zeitlin suggests further that for infants and toddlers it is difficult to differentiate nutritional and developmental outcomes.

In traditional cultures care has been the purview of the entire family kinship unit. Thus Zeitlin argues that nutritional programmes need to address the needs of the "family kinship unit, the human entity that survives across generations," emphasising in this broader definition the family unit over time, rather than the individual child or the family within one generation.

The ability of the mother (or the primary caregiver) to provide care for the infant and young child depends both on her nutritional status and the kinds of supports that she receives. The father and other family members have an important role to play in the child's survival. Zeitlin found that no matter whether the father's traditional role called for direct involvement with the child or just support of the mother, in all cases, "the father's presence, commitment and contribution was associated with better child nutrition." Others within the kinship unit also play an important role in caring for, socialising and teaching the young child.

However, in many places the family kinship network is no longer a stable source of **Care**. This makes it more crucial that programmes which wish to meet the needs of young children address the many dimensions of **Care** directly, rather than treating it as a background issue, or assuming that good care is being provided just because the child is in the company of adults. The example of the Asha

Sadan remand home and orphanage (at right) demonstrates this poignantly.

Zeitlin found that the kinds of Care provided by traditional and more modern parents have different outcomes. Looking at the relationship between Care and children's psychological development in Indonesia and Nigeria, the researchers found that parents with more modern (i.e. Western) childrearing practices produce children who are more cognitively advanced and better nourished, and thus better prepared to participate in the modern world. In particular Zeitlin's researchers observed in modern families:

A change in parental discipline away from immediate physical punishment to tolerance of slower obedience. There was also an expectation that the child would have an understanding of the reasons for rules.

Prolonged parental protection. Parents accepted the child's physical dependency up to an older age, and they provided more attentive feeding and care.

More affection and intimacy. A more personal relationship existed between the children and the father, and there were more recreations shared by parents and children.

Increased verbal responsiveness to the child. This included the use of explanation in addition to physical demonstration in teaching. (Zeitlin, 1993, pg 10-11)

While these findings are heartening, modernization has also had a negative impact on care provided by the family. Those aspects noted specifically by Zeitlin include:

A dehumanization of the care environment with increased use of the bottle rather than the breast, and the reliance on mass media rather than human interaction for entertainment.

The disintegration of family and community units and of commitment to each other. Smaller units of ownership and residence lead to less sharing and more individualism.

A reduction in the ability of families and communities to provide care given the changing demands of work outside the home. The nature of this work does not nurture stable family formation.

The feminization of poverty. When families dissolve, the woman and her children generally fall into poverty and lack adequate resources for child care.

A reduction in children's altruism. Preparing children to be autonomous tends to make them precocious, self-centered and unruly. Those children reared in more traditional societies are more altruistic. As modernization occurs they become more egotistical. (pgs 11-12)

One interesting outcome of this research was the discovery that the same characteristics of families who exhibited positive nutrition in circumstances of poverty, were those that led to positive cognitive and social development as well. In other words, good Care yields benefits across the board in the physical, mental and emotional realms.

Zeitlin concludes that child care practices are "evolving codes of behavior that embody a society's



Asha Sadan - A Hope Fulfilled

Asha Sadan is a home which affords shelter and protection for destitute and abandoned children, as well as serving as a remand home for delinquent girls. This founding home receives children of all ages in different states of health and nutrition. The children remain in care until they are adopted. The neonates and sick children are assigned to nursing staff who tend and care for them.

This is the story of the older children who were relatively healthy, but little else.

The honorary managing committee members had noticed that the children were apathetic and sometimes unruly. They showed no signs of normal growth and development. In the month of August '86 there were thirty-two babies who needed help, but the managing committee could not fathom the reason.

The children had been provided with a beautiful nursery with fancy cots and beds and plenty of toys, but were not really allowed to play with the toys except under supervision. There was a luxurious kitchen and a full-time cook who dished out nutritious meals at fixed times. But she was strictly following instructions, and being anxious by nature, would prepare the food well ahead of time, then leave it on the counter until the specified time. The

children spent most of their time looking longingly at the food, partly because they were hungry, but more importantly because they had nothing better to do.

Mobile Creches was requested to help in running the childcare centre during the day. Consequently four trained staff members arrived at Asha Sadan to assess and assist in tending the children. For the staff of *Mobile Creches* who were accustomed to the dust and rubble of construction sites and creches with low roofs and little ventilation, this seemed like heaven! There were toilets with running water and a large kitchen. What luxury.

But the atmosphere was strangely disconcerting. The place smelled of stale urine and most of the children were either crying or just sitting. Some of the smarter ones were pointing to the food on the counter and begging. The staff were flabbergasted. There was no time to be wasted in observing. They had to get down to work immediately.

Two of them attended to the physical cleanliness of the nursery as well as the care of the children. The plastic panties were replaced with comfortable cotton ones, and toilet training was started. Almost all the children had head lice and scabies. These were immediately treated.

But the most important aspect of child care was affectionate interaction, coupled with stimulating activities. These brought about perceptible changes in the behaviour of the children in the short time of a week. The children responded to the love shown to them and began to communicate with the adults who cared for them. But when it was time for the caregiving staff to leave in the evening, there were heartrending scenes. The children would cling to them and cry bitterly.

By the end of a fortnight all this had changed. The children felt more secure and were willing to wave goodbye to the caregivers, secure in the knowledge that they would come again the next morning. Slowly they were accepting discipline without fear. The routine of feeding children and keeping them in bed most of the time was slowly modified to include interactive, stimulating activities for cognitive development.

Working with established practices that were unimaginative and outmoded was not easy. There was tremendous resistance from the senior nursing staff who believed that

"children should be seen and not heard." They had established the rules and nobody dared question them. For example, at feeding time, the children were seated on the floor. Bowlsful of mashed cereal mixed with egg were shoved into their mouths mechanically by some helpers, with not a word being spoken. At the end of the meal, they were given water from the same bowls. Then the children were lifted up and put to bed.

After many laborious discussions the emphasis was shifted from feeding and dumping, to nurturing with love and care, as well as to activities for cognitive development. More attention to the children's health problems and habit formation began to pay dividends. They were encouraged to play and to use the toys. The children looked forward to the time allotted for outdoor play. Soon they were dancing and singing, and the creche was resounding with their laughter. The first faltering words had been uttered, showing that the children were normal after all.

A fortnight after the entry of Shalini, Vasanti, Shakuntala and Saraswati of *Mobile Creches*, there was a perceptible change in the children. They were happier and healthier and looked forward to each day with enthusiasm. The creche was now vibrant with eager children wanting to talk, play, learn and sing all the time. Their social-emotional development was beginning to take place.

The children's recorded weights showed an increase of 500 grams exactly one month after intervention. They were now feeding themselves from little gleaming plates and enjoyed the independence.

For *Mobile Creches* the experience provided mixed feelings. There was the frustration of not being able to change the system drastically, combined with the satisfaction of meeting the challenge and achieving success. The initial trials turned into triumphs. They had brought joy and stability into the lives of many forgotten children.

At the end of six months the children had graduated into *balwadis* (pre-school). But the work is not finished yet. The staff of the remand home need to be trained for quality childcare, so that every child who enters the home has a better chance of normal development and a bright future.

— Indu Balagopal



perceptions of what children need to survive... and what society needs from the next generation." These "codes of behavior" are not easily changed. Parents are not very responsive to what she calls "shorter-term vertical objectives" such as improved weight gain. Programmes that focus solely on weight gain without addressing the families' codes of behavior are not likely to be very effective. She adds her voice to the growing chorus of researchers who argue that support of "nutrition", (often conceived of by the health field as consisting solely of Knowledge, Attitudes, and Practices (KAP), must also incorporate **Care**, for the child, the family and the society.

She argues that programmes should be directed toward:

- "strengthening families, for whom child care is intrinsic to self-expression,
- using screening criteria to select dedicated, genuinely caring alternative child care providers,
- monitoring the emotional climate of alternative child care...; and
- empowering the formation of community-based advocacy and self-help groups...as these groups affiliate and serve out of a sense of shared purpose."

Children's Health Requirements

Understanding the health needs and problems of the young child starts naturally with adequate health inputs for the mother. After birth, the health care requirements vary depending on the age of the child. For example, nutrition is often a focus of programmes for children under three, since malnutrition in its various forms contributes to about one-third of all deaths of young children in developing countries. (Engle, 1992) With children between the ages of 3 and 6, more emphasis is given to the promotion of school-related skills and the development of good health habits.

Over the last five decades much has been written about the effects of protein deficiency on children's physical development. Children who receive inadequate protein intake fail to grow normally, and may develop kwashiorkor, marasmus and other mild to moderate symptoms of malnutrition. **However, recent research on the long-term effects of Protein Energy Malnutrition (PEM) suggest there is also a linkage between adequate nutrition during the**

early years and later cognition.

A series of studies were carried out in four villages in Guatemala. A first set were conducted between 1969 and 1977. Two types of nutritional supplementation were provided to children up to seven years of age. Follow-up studies were then conducted between 1988 and 1989 (when the children were between 11 and 24 years of age) to assess the long-term effects of the nutritional supplementation programme. Two types of supplemental foods were given. One, *Fresco*, was a locally-available drink that contains 59 kcal per cup, but no protein. The other, *Atole*, was created as a substitute for the traditional corn-based drink commonly given to young children. *Incaparina*, developed at INCAP, was used as the base of the *Atole* drink. It contained 11.5 g of protein, 163 kcal of energy per cup. Both drinks were fortified with vitamins and iron.

Children were tested at 6, 15 and 24 months. Even at this point there were differences in children's mental development scores, based on the amount of their protein intake (Pollitt, et al. 1993). During the preschool years (3-7) 10 tests were administered annually. An additional 12 tests were administered to children 5-7 years of age. The results of these studies, conducted by various people, using different methods and different sampling procedures, showed small but consistent and significant differences between the groups, based on protein intake; those who took *Atole* did better. (Pollitt, et al. 1993, pg. 19)

Over time the differences between the two groups increased. The longitudinal results, when children reached adolescence, indicated that those children who received *Atole* scored significantly better on knowledge, numeracy, reading and vocabulary tests than those who received *Fresco*. Within the *Atole* group, there were significant differences: children from the lowest economic strata benefitted the most from *Atole*. Those who had *Atole* supplementation were also more likely to enter school earlier and to complete more grades within primary school. *Atole* acted as a "social equalizer".

Pollitt also looked at the differences between children who received nutritional supplementation before and after the age of two. While nutritional supplementation was of benefit to children who began receiving it after age two, the benefits were greater if the children received the supplement before the age of 2. From this Pollitt concludes: "This difference in the range of effects observed among the two groups suggests that the behavioral development of children is more sensitive to nutritional factors during the first years of life, particular-

ly during the period of rapid growth in the brain and body." (Pg. 76)

Protein intake is not the only determining factor affecting a child's nutritional status. In recent years considerable research has been conducted on the role of micro-nutrients in the short- and long-term development of the child. The findings are impressive. They indicate clearly that the lack of specific nutrients when children are young can have lasting effects on children's cognitive abilities later in life.

Three micronutrients, iodine, iron and vitamin A, have received considerable attention and are the topic of a recent World Bank report on *Best Practices in Addressing Micronutrient Malnutrition* (1993). The report focusses on iodine, iron and vitamin A specifically for three reasons. First, an estimated 2 billion people worldwide suffer deficiencies of these important nutrients. Second, a great deal is known about the functions of these nutrients in human growth and development. And third, all of these nutrients can be provided to populations through the application of low-cost technologies, which have been demonstrated to be effective in alleviating the deficiencies. (World Bank, 1993)

The findings are impressive. They indicate clearly that the lack of specific nutrients when children are young can have lasting effects on children's cognitive abilities later in life.

In terms of what is known about the functions of these nutrients, there is clear evidence that deficiencies of any one of these micro-nutrients is associated with infant mortality. For children who survive who have been deficient in these elements, there are life-long consequences. Further, the effects of deficiencies suffered during the early years cannot be reversed even when children are provided with the nutrients later in life. As noted in the World Bank report, "When moderate or severe deficiencies coincide with critical developmental stages, they can cause prolonged or permanent dysfunction." (pg. 20)

For example, fetal iodine deficiency can result in severe, irreversible mental retardation and neurological disorders. In less severe circumstances it can be the cause of deafness, muteness and mild to moderate mental retardation. Vitamin A deficiency, when not lethal, can cause blindness, a handicap which is seldom catered to in developing countries. Iron deficiencies are associated with prematurity and low birth weights. (pg. 21) Children suffering from low iron can have lasting immune system problems and

growth failure, increasing the chances of morbidity and mortality throughout childhood. In terms of learning, "iron deficiency is associated with poor attention span, inadequate fine motor skills and reduced memory retention" (pg. 20). Thus deficiencies of iron, vitamin A and iodine can have profound long-term consequences on children's development.

The costs associated with these deficiencies have been calculated. The World Bank report provides an example:

"If a country of 50 million people had the prevalence of iron deficiency anemia, iodine deficiency disorders (IDD) and vitamin A deficiency seen in South Asia, the immediate costs of micronutrient malnutrition to that society per year would be as follows:

359,430 student-years (3% of total) wasted.

1.3 million person-years of work lost.

20,000 preventable deaths.

11,000 additional severely handicapped children.

The cost of these deficiencies would depend on the wage rates and the value of life. If conservative [estimates] are made of these values, \$750 per year in wages and \$1000 for life, the social costs of micronutrient [deficiencies] would add up to almost \$1 billion per year for the current year only, or more than 20 times the Official Development Assistance per capita received by low-income countries. The value of future productivity lost due to educational failure and disabilities adds a significant additional social burden. In addition, there is the non-qualified personal and social tragedy of unnecessary death, cretinism and blindness.

Compared to the costs of deficiencies, the interventions to address them are inexpensive. The costs of supplementing all pregnant women with iron, giving everyone under 45 years of age iodine supplements, and supplementing all children under 6 with vitamin A would cost \$19 million per year. Alternatively, the costs of fortifying food and/or water with vitamin A, iodine and iron would cost about \$25 million per year. Even if coverage and efficiency were 50%, the benefits of alleviating micronutrient deficiencies far outweigh costs" (pg. 28).

Thus the costs of not providing these nutrients greatly outweigh the costs of providing them. While there are simple solutions in terms of what people need in order to increase these nutrients in their diet, actually making them available and convincing people to include them in their diets is not simple. The question is, how can they be provided in a cost-effective and socially-effective way?

The process for introducing these micronutrients into people's diet varies, depending on the source of the micronutrient (whether it is currently produced and/or available and what it would take to introduce it when it is not). It is generally not successful to introduce programmes that are "single-focused", addressing only one set of needs. For example if cassava is introduced to increase caloric intake, it can



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replace foods currently being grown that are richer in iron and iodine. An increase in caloric intake can mean a decrease in micronutrients. Nutritional supplementation efforts must take people's entire diet into account.

Cultural and political variables are also important in getting micronutrients into people's diet. To develop an effective and sustainable programme it involves people at many levels:

- creating new products that are profitable to produce, linking health professionals with the business community;
- changing people's behaviour, which calls upon the expertise of anthropologists, sociologists and educators;
- creating demand, which could be accomplished more effectively with help from marketing specialists;
- developing supportive policy, which includes educating and informing lobbyists and politicians.

- making adequate resources available to reach those most in need, which may require calling upon support from international donor agencies.

The sources of iron, iodine and vitamin A are significantly different. Iron deficiency is a result of the body's ability to absorb only a small amount of iron from food. The best source of iron is red meat, but this is a scarce commodity for many. Thus they have to rely on legumes, grains and vegetables for iron. The population needs to be educated about the right combination of these, and the advantages of eating them along with foods that help increase the capacity of the body to absorb iron (i.e. foods rich in vitamin C).

Iodine deficiency is more of an environmental problem. Where iodine is not present in the soil and water, it is not available through plants grown in the area. Thus it has to be introduced from outside through food fortification (primarily iodized salt).

Vitamin A is found in a variety of green leafy vegetables, yellow and red fruits and vegetables, and

some oils. A decrease in vitamin A intake is associated with seasonality of foods and/or improper processing. Again, education plays an important role in assuring adequate intake of vitamin A.

In most situations where there are deficiencies in one of these micronutrients, there are deficiencies in the others as well. When there is food insecurity, for example, people are likely to be deficient in all three micronutrients. There is also a significant interaction between these deficiencies and infectious diseases. For example, vitamin A deficiency combined with measles can produce blindness and death; iron deficiency and anemia increase one's susceptibility to AIDS.

While deficiencies are clearly associated with poverty and the lack of food, food security does not assure adequate intake of these micronutrients. There are instances where people have a choice about foods to buy and they do not choose those that would give them the needed nutrients. Thus education is an important variable in addition to availability.

There is a complex relationship between the availability in the market place of various micronutrients and whether or not families actually buy and use them. Cultural values of the family and community and characteristics of geo-political systems can make a difference in whether or not these nutrients get to children. For example, in some cultures, it is considered inappropriate for pregnant women to eat and gain weight. This attitude could greatly affect the success of a drive to improve the nutrition of expectant mothers. Thus the World Bank document presents a case for examining the context within which programmes are introduced to determine their viability and sustainability.

Levinger (1992) makes much the same point. While in her monograph *Promoting Child Quality: Issues, Trends and Strategies*, she looked at the impact of the three micronutrients discussed by the World Bank, she also included research on protein-energy malnutrition, helminthic infections (worms), sensory impairment and temporary hunger. In reviewing the research studies Levinger noted that most of them look at the relationship between these nutritional and health variables

and children's school achievement. Levinger argues that school achievement is a very narrow concept, and suggests that we should instead be looking at



Residents in the village of Nakasi, near Suva, Fiji, are encouraged by the government and UNICEF to cultivate their own garden plots and participate in courses to improve nutrition. A mother and child sample a dessert made with pumpkin from the garden, cassava and coconut milk.

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what she calls *Active Learning Capacity*, a more comprehensive conception of child achievement.

Active Learning Capacity (ALC) is a child's propensity and ability to interact with and take optimal advantage of the full complement of resources offered by any formal or informal learning environment. ALC is the child's ability to learn in any context, and is the result of all the factors that have contributed to the child's current status. This includes the child's history (nutritional health and stimulation) and personal characteristics, the child's family, and the child's environment.

Levinger suggests that ALC is the result of an interactive process which begins at conception. Along with Engle and Zeitlin, Levinger clearly sees the child as active rather than as a passive recipient. From birth onward, she points out, there is an interaction between primary variables (health/nutrition state/ hunger level and cultural support) and secondary variables (child/caretaker interaction, aptitude, schooling history and learning receptiveness).

Her model, drawn from a combination of Anthropology, Epidemiology and Psychology, links family, community and national institutions to programmes and policies. The model encourages a sensitivity to cultural differences and provides a tool for looking at a child's life in terms of what she calls

"child quality". Levinger makes a strong argument for focussing on the development of children's *Active Learning Capacity* as a way to improve child quality.

In their studies of Protein Energy Malnutrition Pollitt et al. (1993) present findings that would support Levinger's interactional model of child development. They suggest that the effects of malnutrition on body size, motor maturation, and physical activity are interrelated with delays in behavioural development over time:

"In particular we conjecture that small body size, delays in motor maturation, and reduced physical activity contribute to the gradual formation of styles or modalities of social-emotional and behavioral interactions between the malnourished child and the environment that slow cognitive development and educational progress." (pg 80)

They posit that children who are small in size are treated by caregivers as if they are younger and are not provided with the kinds of stimulation that would promote the development of new skills. Further, delays in children's motor development are associated with delays in the development of cognitive abilities and social skills. And, malnutrition results in lower levels of activity, limiting children's



Mothers learning together about nutrition, feeding and care.

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ability to explore their environment. Thus the impact of early malnutrition begins an interactive cycle that has long-term consequences.

In sum, what children bring to the learning situation is a result of the complex interaction of factors in their lives. It includes their nutritional history, general health status, and the kinds of Care and stimulation that they have received in the early

At this point in time, when there are significant dollars being devoted to health programmes, when there are millions of dollars going toward nutrition programmes, and when early childhood education programmes are being created for a variety of purposes, it would be advantageous to build on current efforts and to make them more comprehensive.

years. It is all these factors together that contribute to a child's development.

If it takes a combination of all these variables to support a child's development, then programmes for young children and their families should consciously include them.

The final section of this article offers suggestions on how to do that.

Strategies for Enhancing the Success of Providing Health, Nutrition, Care and/or Education Components within Early Childhood Programmes

The guidelines for programming outlined in this section come from Evans and Shah's WHO paper, and are based in part on Levinger's approach to assessing child quality. Engle's "Caring Analysis Tool" designed to assess current efforts to improve nutrition programmes in terms of their "enhancement of care", and the World Bank's guidelines to assure eradication of micronutrient deficiencies. The following recommendations apply to any intervention designed to have a positive impact on children's growth and development.

To successfully introduce and provide the necessary on-going support for the implementation of health, nutrition, care and education components, the following strategies are suggested:

■ Assess the Existing Situation.

Before deciding what type of intervention to create it is critical to have a clear understanding of what exists. This includes an assessment of the situation of

the child (age, degree of risk of malnourishment), the caregiving environment (Who takes care of the children? Where are children cared for? Who supports the family? What institutions and programmes exist to provide support and empowerment? Are there untapped resources within the community that could be used in providing better support for children's development?) and local childrearing practices and beliefs that can be built upon in the introduction of new elements. An assessment of the existing situation also includes assessing who the child is. There is a need to identify some of the child variables that are likely to affect nutrition and to assess the extent to which these need to be taken into account in developing a programme. For example, what are the characteristics of the children to be served? Is gender an issue in the culture? If so, how should that be addressed? What is the developmental level of the children to be served? What type of supports are required?

The assessment should include understanding the caregiving environment. One place to begin is to look specifically at the situation of the caregiver, primarily mothers, in the community. What is the status of their nutrition and health? What supports do they have and what do they need? What resources do they have available to them? What are the demands on their time?

In designing the assessment, Zeitlin (1993) would suggest identifying successful or positive practices of individuals within the community, to be used as the frame of reference in developing supports for families. Calling this approach "Positive Deviance" she says that rather than focussing on what families lack, "identifying, honoring and building on local strength should be an underlying principle of all types of assessment, analysis and action to improve

In assessing the existing situation emphasis should be put on what is happening that is supportive of child growth and development. That should also be the basis for developing new programmes.

care." When you find individuals who are doing something positive (positive deviations), then you can look at what factors allowed them to be successful. For example, if only two families in a village send their girl children to school, you can try to identify what makes those families different. What supports, beliefs, and practices have led to this positive outcome?

■ Determine what programme elements should be introduced.

Here the focus is on specifying the kinds of behaviours that are to be encouraged within the programme. These clearly include child and parental behaviours. However, they also include community and national (policy-level) behaviours. The psychological and social aspects of health, nutrition and education need to be considered in creating and implementing the programme.

Also important in determining the programme elements is an assessment of the technology available to help address the need. In terms of micro-nutrients, what technology can be applied to bring needed micro-nutrients into the lives of those who need them? What are the technologies available in terms of educational programmes? How can these be made available to more children and families?

■ Create demand for and establish the legitimacy of the activities in relation to what is currently being provided.

It is important for the community to understand the need for the programme element, whether it be vitamin A or child stimulation, in order for it to be introduced effectively. Those to be involved in the programme (sponsors, community members and parents) must come to believe in the importance of the components that are to be introduced. Even

Integrating programme components within existing institutional and service structures is a complex and difficult process. The time and energy required to introduce new components is generally underestimated by those involved. It is not just a technical process but involves important interpersonal, political, bureaucratic, socio-cultural and resource factors.

though there may be a child care programme in place that is fully utilised by the community, if something is "tacked on" to the programme, it will not necessarily be accepted. People need to value the addition and see ways that it can enhance their lives. Before offering materials and training to introduce new components, it will be necessary to conduct a needs assessment to ascertain what is already known and practiced in a particular setting, and to determine immediate needs and desires. Then new elements can be introduced in response to these needs.

Once the public is demanding the service or product, then those responsible must be in a position to supply it, whether that be appropriate care for young children outside the home, supports for women's involvement in income-generating activities, immunisation dosages, sources of vitamin A, or other services.

■ Begin with parent/community participation in developing the programme.

Within current development planning, one of the strategies most frequently advocated is to have strong community participation in programme development, from the definition of the need, to development of a plan of action, to project implementation, to evaluation of outcomes. While this strategy is used in the development of many basic services programmes, it is seen as particularly important in relation to early childhood programmes.

It is argued that since parents are the policy makers in most areas of their children's lives, their involvement in the design and operation of an early childhood care and development centre increases the likelihood of continuity of experience between the home and school for the child. This same argument is being made for parental and community involvement in the implementation and management of child care programmes in developing countries. The general consensus is that the greater the level of community involvement, the more likely it is that the programme will meet community needs and become an integral part of community life.

It should be noted, however, that the extent to which parents can and will become involved in early childhood care and development programmes is determined by a number of variables. For example, there is cultural variance in the degree to which it is deemed appropriate for parents to be involved in the education of their children. In some societies women are responsible for care of the child, but do not play a role in educating the child. Thus, they would not feel they should be a part of the child's on-going education.

Yet another variable is the time that parents have available to become involved. Where early childhood care and development programmes have been developed in response to needs for day care, women are likely to have little, if any, time to be involved in the day-to-day activities of the programme.

Another variable that affects the extent of parent and community involvement in child care programmes is related to the political structure of the programme, and the extent to which control for the programme is centralised or decentralised. Where the programme is designed and introduced from outside the community, there may be little room for parent and community involvement.

When communities have limited resources, the on-the-ground commitment of communities is what sustains programmes over time. And, in fact, while other sponsors may provide comparatively unlimited resources to the initial development of an early childhood initiative, without community belief in and commitment to the effort, the child care programme will not be successful.

■ Define clearly and openly the goals and limits of the programme component to be introduced.

Related to the need to help people see the introduction of new components as useful to them, it is equally important to be clear about what that component will and will not contribute to the community. Thus those operating the programme need to understand clearly what the components are and what their role will be in implementation. Input should be sought from the managing organisation on how the current programme can be changed to reach desired goals.

Sometimes people are eager to take something new on-board but have no understanding of what will be required of them to make the new venture successful. Those introducing the new component need to show sensitivity to the cultural, social and interpersonal bonds that hold programmes together. Any programme that has been in place for some

There are changes that are likely to occur within the agency as a result of intervention. This may include a re-definition of staff roles and the support required, change in the focus of the organisation in terms of the services and/or intended beneficiaries. While the specifics cannot be anticipated, the potential for changes needs to be recognised and accommodated. Thus child care managers and caregivers need to be involved in the planning phase.

Similarly, staff need to understand that they will be required to undertake additional training, and they need to know if the introduction of the components is going to demand more of their time. (For example, recording periodic information on children's growth and development is time-consuming and may be an entirely new task for staff.) If staff are not willing to accept the new demands on them, the programme will not be implemented effectively. Thus the clearer the goals and expectations are from

the beginning, the more likely it is that the new components will be implemented fully.

■ Develop a climate of support for the effort within the larger socio-political arena.

The World Bank document (1993) provides important guidance in terms of being aware of and learning how to use the political framework within a country in support of the introduction of micro-nutrients. The same principles apply when considering the introduction of any programme component that has an impact on children's development.

In establishing a pro-

gramme it is important to be able to answer questions such as:

- What political factors might have an impact on children's growth and development?
- What is required in terms of national policy and support in order for the programme to be effective?
- Is there enough political will to address the problem in a significant and sustainable way? If not, what will it take to get policy makers "on-board"?
- What legislation and laws are in place (in a variety of sectors) to support the implementation of appropriate programming?



time will have a history that has created a *programme culture*. That culture will include both formal and informal ways of operating and communicating that are an integral part of what the programme has to offer. Anyone attempting to enter the programme must try to understand the culture of the organisation and must not violate the norms and values that hold the programme together. It is best to listen and observe before stepping in with recommendations for new action.

- What other mechanisms need to be put into place? What is the process for doing so?

■ Allow adequate time and resources for planning, start-up, testing and implementing the programme.

Those sponsoring the introduction of the components are likely to want to get things moving quickly. They are aware of the urgency of getting needed services to populations not currently being served. They also have a good understanding of what the components involve and they can see an obvious fit with current programming. However, those who will be implementing the component may need more time to see the fit and to incorporate the activity into their daily life.

Beyond the needs, abilities and competencies of the local staff are the bureaucratic and political dimensions that need to be taken into account when allocating time and resources to the project. All of these factors will mean that the programme is likely to be implemented much more slowly than is desirable.

Adequate management systems need to be part of any new approach or technology. What are current management capabilities (in terms of planning, delivery of services and goods, training, motivation, and monitoring) within the groups expected to implement the project? What additional training and support are required to make these systems function effectively?

■ Plan from the beginning for programme growth and institutionalisation of the programme.

One mistake commonly made in the development of programmes is to wait until the programme is fully functioning and coming to the end of its funding before thought is given to how to sustain the effort over time. Experience would suggest that as the programme is being planned it is important to address the issue of how it will be maintained over time, financially and in terms of programme quality. From the beginning plans must be made in relation to the pace of growth and the long-term viability of the effort.

In general, when seeking expanded coverage, it would be most efficient to link new input with large-

scale efforts where an infrastructure already exists that includes facilities, basic services, staffing, training and on-going support.

An alternative strategy is to seek out successful projects, serving those most at risk, which have the potential for *going-to-scale*. Going-to-scale refers to the process of taking successful small-scale projects and developing them into programmes that attempt to reach as many potential beneficiaries as possible, regionally, nationally or even worldwide. (Myers, 1992)

The ingredients for successfully going-to-scale inevitably vary since communities possess different social and cultural patterns, organisational and fiscal resources, problems, norms and history. Nonetheless, there are certain pre-existing community conditions that enhance or hinder the likelihood of success of any expansion effort. The following conditions seem to be critical:

- Political commitment at all levels should include an appropriate supportive policy, adequate budget allocations, and a willingness to make structural reforms where necessary.
- Adequate fiscal and human resources must be available. The on-going costs must be within the community's present and future means. The costs of a programme may vary in kind and amount from one community to another.
- The model must be adequately developed. It

should be structurally strong yet flexible and adaptable. An evaluation system should be established.

- An organisational mandate should be prepared and the organisational and management skills required to operate the programme should be available within the host agency. The staff should be selected on the basis of their values and motivation.

While an understanding of programme characteristics is critical in supporting the expansion of a child care system, another important variable to be taken into consideration is the sponsor.

Given the range of variables which have an impact on a family's life, it is no wonder that it is difficult to establish programmes to support young children's development within the context of the family and community. Nevertheless it is desirable to create programmes that enhance the parent's ability to function socially and economically as well as addressing children's needs. When both the parents and the child are provided with a supportive milieu it helps assure the child's healthy growth, early stimulation and preparation for successful entry into the formal educational system.

■ Take into consideration the role of sponsors in the development and support of early childhood programmes.

There are three levels of sponsorship: programme funding, programme monitoring/supervision and programme implementation or operation. It is not uncommon, for instance, for those who provide initial funding and/or technical support for the programme to have a time-limited involvement. The expectation is that after the programme is established it will be maintained, at some level, by the population being served. In other instances, funders, supervisors and operators are one and the same. Those responsible for funding the programme actually operate, monitor and maintain the programme over time. Thus, in seeking ways to introduce primary health care into child care settings it is important to be able to differentiate between those who provide initial support and those who maintain the programme over time.

It is necessary to acknowledge and plan for the fact that funders, monitors and implementers, in the short- and long-term, play different roles in child care programming and they would have different roles in the introduction and/or upgrading of public health care services. More importantly, however, to develop a successful intervention strategy, it is necessary to understand the organisational and bureaucratic structure within which the sponsor operates. Sponsors of early childhood programmes can be divided into four groups:

1. *Non-governmental (NGO), Private Voluntary Organizations (PVO).* Non-governmental organisations exist outside any governmental structure. They can be found within the international community, at the national level, or their scope may be regional. At the international level there are a variety of groups (e.g. Save the Children, Christian Children's Fund, Oxfam, CARITAS, Redd Barna, etc.) who are currently involved in development programming. These organisations use some of their monies to create schools and community development centres which address the multiple needs of the child and community rather than only providing services to children.

At the national and local levels there are church-related and welfare organisations that have developed a range of early childhood programmes. In addition, there are voluntary organisations which have seen the need for early childhood programmes and have taken the initiative to develop them within their country. For example, the Botswana Council of Women, a private voluntary membership organisation, has raised the funds necessary to establish day care centres to support women's increased involvement in the wage economy.

The amount a given NGO/PVO is able to spend on early childhood activities is determined by the

organisation's mandate and related budget. The potential for these groups to expand their service to young children varies greatly among the NGO/PVOs.

2. *Government.* There are governmental agencies and organisations whose involvement in early childhood activities is based on nationally-defined needs, goals and resources. Government agencies and organisations frequently play the role of funder, supervisor/monitor and implementer. These agencies are mandated to carry out national policy. If early childhood programmes are seen as a national priority, then a governmental ministry will be charged with the responsibility for developing, implementing and operating related programmes. Sometimes only public sector funds are used in the development of national programmes. In other instances, the government encourages private sector involvement as well. One of the challenges of working with early childhood programmes is that they have been developed by and operated under the mandate of a variety of national ministries, including education, welfare, health, labour, social affairs, women's affairs, youth, agriculture, or some combination of these.

Within each of these ministries the rationale for the development of early childhood programmes, the identification of the population to be served, specific programme goals, the curriculum, staffing, and resources available to the programme are quite different. In order to work with government officials within the various ministries, it is important to know their bias and concerns if they are to be approached to expand the range of services they currently provide. For example, it will take a different strategy to work with the Ministry of Education than it will to work with the Ministry of Labour; the rationale for their involvement in early childhood programming is different, they serve different constituents, and implement different types of programmes.

It is also important to recognise that governmental involvement in early childhood programmes occurs at the regional or county level, and at the city or local level, as well as at the national level. While being responsive to national policy, the regional and local government groups frequently have a great deal of autonomy in establishing priorities and creating programmes designed to meet the specific needs of their constituency.

3. *Multi-national donor agencies.* Multi-national donors (e.g. WHO, UNICEF, UNESCO, USAID and other bi-lateral donor agencies) plan from an international perspective. They usually provide short-term support. In general, these groups establish target populations to serve, develop an agency policy about how that group is to be reached, and then work with appropriate national ministries to

develop programmes for the target population, based on national goals and resources. These agencies tend to provide funding and technical assistance which supports programme development; they do not provide funding for on-going programme support, although they might be involved in monitoring the effort.

4. *The Community*. There are instances where the community has initiated the creation of child care and/or pre-school activities for young children. Sometimes financial and technical support for the effort is then sought from outside sources. In other cases the community provides the service itself. While this kind of community initiative will assure the continuity of the programme, there may not be appropriate expertise within the community to maximise the benefits that such programmes could provide to young children.

■ Create monitoring and feedback mechanisms in the early stages and insure that users are committed to them.

An important aspect of any programme is knowing how well the programme is doing in meeting its goals and objectives. In order to make this assessment, an evaluation or monitoring system needs to be put into place. While quite obviously the system should assess the impact of the programme on those being served, monitoring systems also need to be developed to assess the effectiveness and efficiency of the organisation.

These systems cannot be set up and operated by people outside the programme. They should be an integral part of the day-to-day activities of staff. If staff are involved in developing the monitoring system, and if they see how it can help them in their work, then they are likely to follow through and keep the system going. However, if the evaluation and monitoring activities become *busywork* they will be done without much thought and they will ultimately have little value. When staff are able to use the information they are gathering for planning and making their work more effective, the tools will be used.

In sum, because the introduction of a new programme component implies disruption of the equilibrium of the social system, it should be based on mutual negotiation, clarification of intent, adaptation of expectations and plans, and establishment of consensus on roles and obligations. The likelihood of short- and long-term programme success is enhanced by building links between the old environment and the new programme component. The staff and management of the on-going programme need to feel that the new component has something to offer them and that the links are beneficial to them as well as to the population being served.

Fifty billion dollars is spent each year on 'Health' programmes. In view of the profound link between physical and mental health and social integration, any definition of health must necessarily include all

aspects of the child's development. Interventions must go beyond simply providing a one-dimensional programme, whether that be nutritional supplementation, immunisation, or an education programme for children. We need to maximise resources by collaborating across sectors. If we are going to meet our goals for children in the year 2000, we need to take on the challenge of building new programmes that reflect our knowledge of the multi-dimensional, integrated nature of young children's development.

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¹ This article draws heavily from *Child Care Programmes as an Entry Point for Maternal and Child Health Components of Primary Health Care*, by Judith L. Evans and P.M. Shah, to be published by WHO.

² "Micro-nutrient" is a term that refers to the vitamins and minerals that are required by humans each day in only very small amounts—micrograms or milligrams—hence the term "micro"-nutrient.

The following case studies illustrate various strategies for bringing health, nutrition, care and/or education components to young children and their families. Some of these programmes had a singular focus, some were designed from the beginning to be more comprehensive, and others have become comprehensive over time. They are not all success stories, but they do provide some insights into the complexities of developing appropriate and effective programmes.

A Food Supplementation Programme in India

Focus: Providing food supplementation to increase children's intake of vitamins and iron, and providing health services for pregnant and lactating women, to improve the nutrition of children ages 6-36 months.

The Tamil Nadu Integrated Nutrition Project (TINP) was begun in 1980 with funding from the World Bank. It was designed to reduce the incidence and prevalence of malnutrition and improve the health of children in the 0-3 age group. There was also a focus on pregnant and lactating women. One of the key features of the project was Nutrition Surveillance. Children were monitored and weighed once a month. Those who were found to be malnourished were given a food supplement called *Liddu*, made from cereals and pulses fortified with vitamins and iron. When the child appeared to be rehabilitated, the supplementation was stopped. Pregnant and nursing women also received nutritional supplements.

In addition to the provision of nutritional foods, the project had a health component which focussed on helping to decrease the infant mortality rate by providing better health care to mothers pre- and post-natally. There was also a communication component that was designed to motivate the population to pay more attention to the nutritional needs of infants and young children from birth to age 3. Mass media and one-to-one contacts were the chief methods of spreading the word.

What was the project able to achieve? Over a period of 6 years there was a dramatic reduction (55.5%) in severe malnutrition and also a clear upward shift in the percentage of normal children and very moderately malnourished children.

(Swaminathan, 1993) Thus the programme was effective in reaching the children. It was much less effective in reaching women. 'The participation of pregnant women and nursing mothers in the supplementary feeding as well as the referral and health care system was poor, with low ante-natal registration and delivery services, and less than 50% uptake of nutritional supplements by women.' (Swaminathan, 1993, p. 10) One of the hypothesised reasons for the lack of uptake by the women is that the project was not sensitive to women's work roles and timings.

Why was it able to accomplish what it did? The project was designed in such a way that it reached the poorest of the poor. It was well structured organisationally and administratively. And, the provision of food, rather than a cash payment for families to buy it, helped assure that families actually had food.

What were some of the problems? There was little effort to get the community involved in any aspect of the programme other than being the receivers of the service. They were not involved in preparing or distributing the food. Further the rehabilitation was often temporary. Short-term goals were met, but there was no attempt to address the issues that led to the malnutrition in the first place, whether that be poverty or a lack of understanding of the role of care in the feeding process. And finally, the programme did not address issues of self-reliance in food or stimulate local production of the food which would have greatly enhanced sustainability. In addition, no attention was paid to the psycho-social aspects of early development.

REFERENCE: M.S. Swaminathan 'The Continuum of Maternity and Child Care Support: A Critique of Relevant Laws, Policies and Programmes from the Perspective of Women's Triple Roles' A paper presented at the Sixth Conference of the Indian Association for Women's Studies, Mysore, May 31- June 2, 1993.

CASE STUDIES

The TINP programme was begun in an era when straight supplementation was seen as sufficient. As a result of programmes like this one and others since, lessons have been learned. For one thing, supplementation in and of itself is no longer seen as sufficient. At the very least the focus has to be on changing diets so that the needed nutrients are present in everyday foods and eating habits. In the World Bank document, *Best Practices in Addressing Micronutrient Malnutrition* (World Bank, 1993), the authors suggest that in developing a supplementation programme that leads to a changed diet the following questions have to be raised:

1. Whose diet needs to be modified? If it is only young children that are in danger of malnutrition, then mothers need to understand the importance of changing the young child's diet. Or, it may be that it is most important to change the diet of pregnant and lactating women. In this instance other strategies would be used.
2. Who has the power to change the diet? Does the mother have control over this or is it the grandmother that dictates what the child will be fed? What role does the father play in the process?
3. What is most easily changed that will have the most impact? The more specific the modification the easier it will be to make it.
4. What will motivate people to change? Changes are not likely to come about when people are presented with "scientific" information. They need to see that there will be some immediate benefit for them if they are going to change their behaviour.

5. What are the obstacles to changing behaviour? There is the obvious one of unavailability or cost of the appropriate foods. There are also the beliefs and attitudes that people have about what it is appropriate and inappropriate for people to eat, particularly pregnant and lactating women and infants. (World Bank, 1993, pg. 59)

The second case study illustrates the ways in which a multi-pronged approach was taken, involving government, local producers, and the community, to assure both access to the micronutrient and sustainability of the effort.

Iodine Deficiency (IDD) Control in Bolivia

Focus: To fortify the salt supply with iodine so that the whole population of Bolivia would have access to and use fortified salt.

In Bangladesh laborious handwashing of sea salt to remove mud also eliminates the salt's natural iodine. To prevent IDD, iodine must be put back into the salt before it is consumed.



UNICEF 93 B000026 Maggie Murray-Lew

CASE STUDIES

This project was begun after a study conducted in 1983 documented that 65.2% of the school-age children had goiter problems, and that there was a 16% cretinism rate in some areas. Some of the difficulties encountered in bringing iodine to the total population were: a widely dispersed population with pockets of isolation, difficult terrain making distribution a problem, large deposits of non-iodized salt that people had easy access to, and a longstanding acceptance by the people of iodine deficiency.

From the beginning the project had strong government support. In 1983 the Italian government, through the Joint Nutrition Support Programme (JNSP) of PAHO/WHO and UNICEF, funded PRONOALCOBO - a national programme to fight against goiter. PRONOALCOBO was incorporated as a branch of the National Office of Food and Nutrition, and operated through the Ministry of Health.

The programme included three approaches. The first was to increase the production and distribution of affordable iodized salt. This was achieved. Today, 80% of the necessary iodized salt is produced domestically (both publicly and privately). Salt producers' cooperatives were created through working with the pre-existing National Cooperative Institute, and the government produced salt. As the industry developed, a percentage of the profits from the sale of iodized salt were pumped back into the programme through PRONOALCOBO, subsidising the education activities and the delivery of iodine to the remote areas. PRONOALCOBO hopes to achieve financial independence in 1994.

The second strategy consisted of public campaigns to increase awareness of IDD and methods of IDD control. The Ministry of Health trained community volunteers to distribute IDD materials and promote community acceptance. There was extensive collaboration with preexisting institutions. This included primary health care workers and facilities, local NGOs, agricultural committees, mothers clubs and churches. The trained community health workers trained teachers and community leaders, providing them with materials they could use in educating others. In addition radio and television spots provided information and traditional forms of education (puppet shows, theatre) were used to reach people at fairs and festivals.

Third, there was direct administration of iodine supplements to those at highest risk. These consisted of supplying iodized oil to communities without access to iodized salt.

As a result of the programme, goiter among

school-aged children dropped to 20.6%, consumption of iodized salt increased from 1% to 98% in urban areas and from 0% to 22% in rural areas.

There appear to be several reasons for the success of the programme. First, from the beginning there was strong political support for the effort. This was demonstrated in the creation of PRONOALCOBO and the fact that laws and regulations governing the production and distribution of salt went hand-in-hand with the effort. Second, appropriate technologies were introduced in a timely way by the International Council for Control of IDD (ICCID). Machinery for the production of iodized salt was made available, along with expertise in how to produce it in a cost-efficient way. Third, programme planning and implementation was the responsibility of the Bolivians, not outsiders.

REFERENCE: World Bank, *Best Practices in Addressing Micronutrient Malnutrition*, 1993, pg. 96.

Why has this programme been as effective as it has over the past decade? The lessons learned from this and similar projects would suggest that in addition to the variables listed above, the following were contributing factors:

1. Over time, iodized salt was available, affordable and accepted by the people.
2. An educated public began to learn the value of iodized salt and changed their buying habits to include iodized salt.
3. Multiple avenues were used to bring the message to the community. The use of popular media (both modern and traditional) helped focus people's attention on the issues. They also learned about it through community people they trusted and children received information in school and brought it home. Groups people belonged to were part of the process of getting the word out. The messages were everywhere.

The two cases presented above illustrate the ways in which a very targeted programme can be introduced successfully. In the first instance there were considerable problems because some of the wider contextual issues were not addressed and the approach did not include a psycho-social component. In the second case, working within and using the context were critical variables in the success of the programme. In both instances there was a specific product that was being introduced.

The third case study is of a project in Thailand where, like in Tamil Nadu, there was a concern about children's nutritional status. However, quite a different approach was taken. Rather than focussing on applying supplemental foods to the child, the project began by looking at the practices surrounding feeding and nutrition in order to change maternal behaviour.

Integrated Nutrition and Community Development Project in Thailand

Focus: A reduction of malnutrition through understanding and building on local childrearing practices and beliefs.

This project was begun by the Ministry of Health in Thailand, who conducted studies to understand why there was such a high incidence of protein energy malnutrition (PEM) within the country. They identified what they perceived to be three major constraints to significant reduction in the level of PEM in infants and preschool children: 1) a health system that did not reach those most at risk; 2) a lack of community awareness about malnutrition and its impact on children's growth and development; and 3) the fact that nutrition was being viewed as a health problem only: there was a lack of multi-sectorial input into the programme.

Taking these constraints into consideration, the government, in 1979, launched an integrated community-based primary health care project that included supplemental feeding, growth monitoring and parental nutrition education, all within a national plan for poverty alleviation. Within this broad framework, the Institute of Nutrition at Mahidol University carried out a nutrition education project that was directed toward families with the most vulnerable infants and pre-schoolers. What is unique about the project is that the nutrition education included a psycho-social component focussing on caregiver-child interactions and on improvements in the physical and social environment surrounding the child.

As a basis for the project, childrearing attitudes and practices were studied to know what mothers were currently doing and to determine how that might affect children's nutritional status. Through the studies a number of nutritional and social taboos were discovered that were not beneficial to the child. For instance, there was a belief that colostrum was bad for the infant and that newborns were incapable of sucking. This meant that breastfeeding was not begun immediately following birth. It was delayed, with the consequence that many mothers found it difficult to breastfeed and quickly turned to bottle feeding. Children were not receiving the nutrition which breastfeeding provides.

It was also discovered that mothers believed that the normal tongue-thrusting activity of infants signalled that the infant was no longer hungry. Because of this belief, many infants were chronically underfed.

Another important belief that needed to be addressed was that few mothers knew that at birth infants were capable of seeing and hearing. As a result, mothers did not interact with their infants and they were left for hours in hammocks that essentially blocked them from seeing anything in their environment. Related to this was the mother's lack of awareness of her own capacity to make a difference in the child's development. Mothers had little understanding of how they could make use of existing resources to create a more nurturing environment for the child and how important it was for them to interact with the child.

With these practices in mind, a series of interactive videos was created. One was specifically oriented toward child development, aimed at creating maternal awareness of her child as an individual with early perceptual ability, and the importance of play and of mother-child interaction in that play and in supplementary feeding. A second video compared two 15-month old boys, one malnourished, the other normal. The video identified differences in the mother's behaviour (her feeding and caring practices) in each scenario, as well as differences in the food provided to the child. Health communicators in each village, who served as distributors of supplementary food, were trained in the use of the videos which were presented as often as needed in each village.

An evaluation of the project was conducted to assess the impact of the project on children's nutrition. As a result of the project fewer children suffered PEM. On the basis of interviews with mothers of under-two children, and of

observations in the home, evaluators of the project concluded that changes in the mothers' beliefs and behaviours were critical variables in improving children's nutritional status.

Those involved concluded that videos are a powerful technique when working with illiterate adults. The visual images provided through the videos stimulated discussion and presented mothers with models of behaviour which they could imitate. When observers went to the villages they noted more adult-child interaction, more open cradles, and more colostrum was being given. The results suggest that a focus on the psycho-social components of feeding (i.e. care) can make a significant difference in children's nutritional status.

REFERENCE: Kotchabhakdi, N. "A Case Study: The Integration of Psychosocial Components of Early Childhood Development into a Nutrition Education Programme of Northeast Thailand," a paper prepared for the Third Inter-Agency Meeting of the Consultative Group on Early Childhood Care and Development, Washington, D.C., January 12-14, 1988. New York, The Consultative Group.

This project illustrates how both nutrition and psycho-social education components can be incorporated into a national programme of growth monitoring and targeted supplementary feeding with good results, using a method that does not depend on literacy and which takes into account local practices.

While the Thailand experience represents an attempt to create a nutrition education programme that takes into account the many variables that contribute to a child's nutritional status, there is a national programme in India that is designed to not only address nutritional needs, but children's cognitive needs as well. It includes not only children from birth to age 3 but also pregnant and lactating women and children through age 6.

Integrated Child Development Services (ICDS) in India

Focus: Providing children from birth to six years of age with comprehensive, integrated services, including nutritional supplementation, health, care and education.

In 1974 India adopted a National Policy for Children to ensure the delivery of comprehensive child development services to all children. One of the first targets for the effort were the poorest children found in urban slums and rural areas, particularly children in scheduled castes and tribes. Beginning in 1975 with 33 projects, Integrated Child Development Services (ICDS) has grown to 2696 projects (more than 265,000 centres) in 1992, reaching about 16 million children under 6 years of age. The specific objectives of ICDS are to:

- lay the foundations for the psychological, physical, and social development of the child,
- improve the nutritional and health status of children, 0 to 6,
- reduce the incidence of mortality, morbidity, malnutrition and school dropout,
- enhance the capability of mothers to look after the needs of the child.

The integrated package of ICDS services works through a network of Anganwadi (literally, courtyard) Centres, each run by an Anganwadi Worker (AWW) and helper, usually selected from the local village. The AWW undergoes a three-month training in one of the more than 300 training centres run by voluntary and governmental agencies. Responsibilities of the AWW include: non-formal pre-school education, supplementary feeding, health and nutrition education, parenting education through home visiting, community support and participation, and primary maternal and child health referrals. Support is provided to the AWW by a supervisor (1 per 20 AWW) and a Child Development Programme Officer working with 3-5 supervisors) who is directly responsible for implementation and management of each ICDS project.

All families in the area to be served are surveyed to identify the poorest. Those families with children under 6 and/or where the woman is pregnant or lactating, are served in the Anganwadis. Regular examinations are provided by Lady Health Visitors and Auxiliary Nurse Midwives. Children and pregnant women are immunised on a scheduled basis. Three hundred days a year food is distributed, the menu pre-

pared in accordance with local foods and traditions. Families are encouraged to bring the children to the centres for regular feeding. Children's weight and height are monitored. Those with severe malnutrition are given additional food supplements, and acute cases are referred to medical services.

A pre-school programme has been developed for 3-6 year-olds who attend the centre three hours a day. The AWW is encouraged to develop activities that stimulate the child. An additional service is non-formal training in nutrition and health organised for mothers and pregnant women. These sessions are open to all women aged 15-45, with priority given to pregnant and nursing women and women whose children suffer from repeated malnutrition.

Funding for the programme has come from both governmental and non-governmental sources. The initial costs of establishing a programme are provided by the Ministry of Social Welfare. The costs of the supplementary feeding programme are borne by the state, and the on-going operational costs are the responsibility of the Central government. International donor agencies have also been involved in funding aspects of the programme. UNICEF assisted in planning and implementation beginning in 1975. Since 1982 other international agencies, for example, the World Food Programme, the Aga Khan Foundation, CARE, NORAD, USAID and the World Bank, have been contributing in a variety of ways.

The ICDS programme uses existing services of diverse governmental departments and of voluntary agencies for the training of ICDS workers. Overall administration lies with the Department of Women and Child Development within the Ministry of Human Resource Development. ICDS is monitored by the Ministry as well as the All India Institute of Medical Science and the National Institute for Public Cooperation and Child Development. The annual unit cost per child per year was estimated at approximately US\$10.00.

Although the programme often operates at a minimum level of quality it has nevertheless had important effects on the under-six population. For instance, a review of 30 studies of the nutritional impact reveals nearly unanimous results documenting a positive outcome. A 1984-86 comparative study done in a number of locations showed ICDS/non-ICDS infant mortality rates of 67 vs. 86 in rural areas and 80 vs. 87 in urban areas. In a comparative study of effects on schooling, one researcher found that those with

ICDS background had a higher primary school enrollment rate (89% vs. 78%), were more regular attenders, had better academic performance and scored significantly higher on a psychological test (Raven Colour Matrices), than non-ICDS children. Furthermore, the difference in enrollment rates was accounted for by differences among girls (more of the ICDS girls stayed in school). In another study, it was found that primary school dropout rates were significantly lower for ICDS than for non-ICDS children from lower and middle caste groups (19 vs. 35 percent for lower castes and 5 vs. 25 percent for middle castes).

The ICDS, the largest programme of its kind, illustrates the power of political commitment to achieve significant rates of coverage in an integrated programme of attention to children ages 0 to 6, with important effects on health and education and at a reasonable cost.

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National Institute of Public Cooperation and Child Development. 'National Evaluation of Integrated Child Development Service.' New Delhi: NIPCCD, 1992.

What is impressive about ICDS is that when it was conceived in 1974 there was a clear understanding of the importance of delivering comprehensive services to meet the multiple needs of young children. Structurally the programme has always included a focus on health, nutrition and education of the young child and the mother. While the programme has certainly demonstrated positive benefits for both women and children, they are not of the magnitude that one would hope for. This is due primarily to the difficulty of assuring quality because of the scale on which the programme has been implemented. It may also be due to having such a comprehensive mandate.

While ICDS certainly provides a vision of what should be included in a full range of supports for young children, it also illustrates the difficulties of attempting to provide health, nutrition and education services to a given population. Another approach that has been taken is to

develop one service first, then to add on additional services as the need for them is identified by the community.

Sang Kancil, Community-based Services in Malaysia.

Focus. The development of community-based services in response to community-defined needs

The Sang Kancil Project was developed within the squatter settlements of Kuala Lumpur, Malaysia. It was begun in 1978 by the health sector in an attempt to meet the health needs of those living in urban squatter settlements. The rationale for working in squatter communities was based on the fact that they are a growing phenomenon in the developing world, constituting nearly 50% of the total urban population. It is widely recognised that the environment within squatter settlements is threatening to people's health, physically, mentally and in terms of psycho-social development.

In Malaysia there was difficulty in providing services for squatters because they occupy the land illegally and thus are not entitled to city services (water, sewage, medical care, education, etc.). Nevertheless many squatter settlements are stable communities, including people from a variety of income levels. The stability comes from affordable housing that may not be available outside the settlement and well-developed support systems and/or leadership positions within the settlement. The developers of the *Sang Kancil* project developed a strategy that recognised, valued and built upon the complex social systems which exist in the settlements.

While the health sector personnel who began the project were interested in establishing primary health care centres within *kampung*s (districts) in the settlements, they began their efforts by conducting meetings with community members to determine their needs and priorities. The community wanted a child care programme for young children and to create income-generating activities for women. Health care was not seen as a priority. Those involved listened to the community. Rather than building a health centre, they established a pre-school and an income-generating project. When these were well-established, then it was possible to introduce primary health care, which is now widely accepted.

REFERENCE: Yusof, K. Sang Kancil—"Care of Urban Squatter Settlements." *World Health Forum* 2(2): 278-281 (1982).

The approach of beginning with a limited focus and incrementally providing other services to young children and their families appears to be successful. However, it works best when the target population is relatively small. It is much more difficult to use this approach when considering issues of scale.

It is apparent from the above cases, that a programme needs to be designed in response to the particular population(s) being served, taking into account their history, beliefs, practices, perceived needs, expectations and ability to participate. Programmes also need to be designed with the active input and participation of the programme providers. While the research on Care as it relates to health and normal development shows that a multi-dimensional integrated approach is optimal, practical experience shows that this approach requires great sensitivity and careful planning.



UNICEF/Albana, Gabriele Accascina

Attention by International Organisations to Early Childhood Care and Development: AN ANALYSIS OF UNITED NATIONS WORLD REPORTS, 1993

Robert Myers

International organisations are paying more attention to young children in the 1990s than they were earlier. The Convention on the Rights of the Child (approved November 1989), the Summit for Children (September, 1990) and the World Conference on Education for All (March 1990), all with their follow-up mechanisms, have helped to place the young child on the international agenda and to provide additional impetus to national initiatives.

But even though there are promising new departures in both rhetoric and action, international organisations are just beginning to recognize the importance of the integrated development of children during their preschool years and its relationship to larger social and economic development questions.¹ The weakest piece in programming intended to benefit young children continues to be attention to their mental, social and emotional development, which has not yet found its rightful place alongside physical development and survival.

In this brief essay, I will examine critically the place of integrated child development on the current international agenda, and analyse the latest World Reports issued by specialised agencies of the United Nations family.

A Promising Start in the 1990s

New attention in the 1990s to the plight of young children is evident in hiring patterns and programming within some international organisations. In addition new organisations, networks and publications have appeared, which focus particularly on children under the age of six. The following examples of changes made during the last three years suggest increased attention to early childhood care and development issues. They reflect some awareness of the multidimensional needs of children and their families.

■ In August 1991, UNICEF hired a programme officer, located within its "Education Cluster," who devotes full time to early childhood development. During the last year, UNICEF's Nutrition Cluster has given attention to **Care** as an important dimension in conceptualizing its programmes.

■ Since 1990, The World Bank has approved loans to (at least) Colombia, Venezuela, Chile, Ecuador, Mexico, Brazil, Bolivia and India that either focus on early childhood development or contain a pre-school or integrated early childhood component within a broader loan. Discussions are now being held in South Africa, Vietnam and the Philippines that could lead to additional loans in this area. In 1993, the World Bank assigned a person to work specifically on early childhood development.

■ In 1990, the international non-governmental organisation (NGO), Save the Children/USA hired a person to create an early childhood development programme. This has resulted in a June 1992 programme statement titled, "Strong Beginnings: An International Initiative in Early Childhood Development."

■ A programme officer in early childhood development was added to the staff of The Christian Children's Fund in 1992.

■ The organisation, Childwatch, was formed in 1992.

■ During the past two years, an international network of non-governmental organisations has formed, under the auspices of Redd Barna, to balance and/or work with governments on the task of monitoring progress toward fulfilling conditions of the Convention on the Rights of the Child.

■ The first issue of *Childhood, A Global Journal of Child Research* appeared in February 1993.

■ The International Forum, held in New Delhi in September 1993 as part of the follow-up to the World Conference on Education for All, devoted a session explicitly to "Early Childhood Care and Development." (The next issue of the *Coordinators' Notebook* will be devoted to the EFA initiative and to early childhood development seen within the context of the WCEFA.)

Certainly, there are additional examples of new initiatives by organisations or networks with an international outreach, all of which adds up to considerable promise for the improved condition of children as we approach the twenty-first century.

Fulfilling the Promise

These examples of new efforts by international organisations do offer promise, particularly when put together with national initiatives. There are, however, other signals that suggest the need for broader vision, for greater collaboration, for more solid funding, and for continuing vigilance if the promise is to be fulfilled. It is still more the exception than the rule to view young children and their families in a holistic, integrated way. The strong research which supports this view has yet to influence the majority of health, education, or care efforts aimed at improving young children's lives (see J. Evans article on p. 1).

The need for greater integration and continued effort to promote early childhood development (ECD) is evident as we revisit several of the examples given above. In the case of UNICEF, for instance, while noting the new appointment, one must also note that the budget provided for mobilising actions (and for improving institutional capacities) in ECD is not only relatively small, but was cut drastically during 1993 as ever greater priority was given to bolstering primary school education. In terms of budget and action, it is not evident that the admirable attention to **Care** within the nutrition programme rhetoric in UNICEF will result in greater integration of the educational and psycho-social dimensions of **Care** into food-related actions.

The budget provided for the early childhood programme officer within the World Bank for backstopping early child development initiatives is extremely small, despite the increasing attention given in loans to this area. This requires her to spend much of her time and energy looking beyond the Bank for funding.

Getting early childhood care and development on the agenda of the New Delhi meeting required a strong lobbying effort. The topic was not initially regarded as part of the normal discussion of basic learning and education, despite its prominent inclusion in the Declaration and Framework for Action that resulted from the WCEFA. A small contribution pledged by the United Nations Development Fund (UNDP) to support the preparation of case studies and other background documents for the New Delhi meeting had to be withdrawn, a victim of budget cuts within the Fund.

We do not wish to minimise advances made by the organisations cited. However, in order for "small beginnings" in the international community to turn into "strong beginnings," much more needs to be done. This is evident also if one examines recent documents of the United Nations. These reflect to some degree how international institutions are thinking and acting.

An Analysis of United Nations World Reports

In different parts of the United Nations, periodic reports are published that review how well we are faring in the world at large. Each report takes a different perspective consistent with the particular charge of the specialized UN agency publishing the review. These documents provide a weathervane, pointing to the extent and manner in which different UN institutions incorporate an early childhood development perspective into their thinking and their analysis. The summary that follows is based on a review of four reports. These are:

1. **UNICEF**. *The State of the World's Children, 1991*. New York: Oxford University Press, 1993. Published yearly for UNICEF.

2. **The World Bank**. *World Development Report, 1991, Investing in Health*. New York: Oxford University Press. Published yearly for the World Bank.

3. **United Nations Development Programme (UNDP)**. *Human Development Report, 1991*. New York: Oxford University Press, 1993. Published yearly for UNDP.

4. **The United Nations, Department of Economic and Social Development**. *Report on the World Social Situation, 1991*. New York: The United Nations, 1993. Document ST/ESA/235/E/1993/50/Rev.1. Published every four years.

A fifth report, from UNESCO, titled the *World Education Report*, is published every two years and is due out before the end of the year but has not yet appeared as of the time of this writing. Here, comment will be based on the 1991 report and on a first draft of the 1993 version.

Obviously, these reports are much broader than our specific focus on child development. However, the broad trends affect child development actions in important ways. Accordingly, I will comment first on what seem to represent trends framing our particular interest in the early childhood topic. I will then comment specifically on the place of early childhood care and development within the reviews.

Trends in Institutional Thinking

The following trends appear in the several reports. We must note however, that although we have tried to give a flavor of the reports, we can not do justice within this limited context to the rich, thoughtful and well documented presentations made in each report.

■ Toward a broader view of national development.

Although there is still a great deal of attention in the set of reviews to the development of nations in terms of economic productivity, this focus has been modified considerably. UNDP, for instance, focuss-

es on "human development" defined in terms of longevity, knowledge and well-being derived from income. UNICEF classifies countries in terms of child mortality and juxtaposes this indicator with the annual rate of growth in per capita GNP to show that there is little relationship. The annual rate of reduction of fertility is also taken as an indicator of development.

The World Bank report focusses its attention in its 1993 report on health indicators and on "the burden of disease" borne by countries. While using GNP per capita as its main criterion for classifying countries, and emphasizing economic data in its statistical section, indicators are also provided of social and natural resource development.

The extraordinary report of the UN's Department of Economic and Social Development includes a wide variety of "objective" indicators of social conditions and responses that contribute to the "quality of life." These include per capita GNP, life expectancy, average schooling completed per worker, adult literacy, daily caloric intake, micro-nutrient deficiencies and nutritionally-related diseases, child mortality, water availability and quality, the number of persons per dwelling, homicides and suicides per 100,000 people, hours worked yearly per worker, the incidence of longterm unemployment, the social security share of GNP and many others. The Report also includes a subjective indicator (for 12 countries only). "The level of personal happiness among lower and higher income groups."

One result of a broader definition of what constitutes national development—of defining development in terms of human development and quality of life—is that the earlier divisions set between "developing" and "developed" countries tend to blur much more. For instance, if the number of homicides or intact families are taken as indicators, the classification of countries bears little relationship to economic development indicators.

The broader definitions of national development help to frame child development in terms of human development, rather than treating it as a subcategory under education. This broader definition seems both logical and appropriate.

■ Toward greater participation and partnership.

The UNDP report states in its introduction that

"We have to weave development around people, not people around development." People's participation is discussed first in relation to the household and then to economic, social, cultural and political participation. The review stresses that greater democracy and decentralization are essential to promoting participation. A special chapter is devoted to the role of people's organisations and of non-governmental organisations in the development process.

The UNICEF report calls for "common cause" in mobilising action to form a "people's movement" focussing on basic needs for children—similar to the movements directed toward improving the status of women and the environment. The report notes the important roles being played by voluntary and non-governmental organisations, the media, health professionals and educators.



A father watches his wife breastfeed their newborn baby. UNICEF supports programmes that encourage fathers to participate in the care of their young children.

UNICEF 5564, Jeremy Hartley

■ Toward a greater concern with gender issues.

In all reviews, attention is given to gender issues. This is evident in the statistics presented and the examples used as well as in the issues treated directly in the main text. In all reports, for instance, educational data include separate tabulations by gender. UNDP's treatment in its text of the household focusses on gender disparities and its statistics tables include data on the status of women and on female-male gaps. UNICEF uses the women's movement as an example of the kind of people's movement that might be applied to meeting basic needs for children and suggests that much more could be done to liberate women from daily chores, including greater attention to family planning. "At stake here is not only the quantity of women's deaths but the quality

of women's lives." Maternal mortality is discussed in the text. One of the 10 basic statistical tables is titled "Women."

Inserts in the World Bank report are devoted to violence against women as a health issue and to women's nutrition. A statistical table is called "Women in Development." Unfortunately in both the UNICEF and World Bank cases, the statistics presented about women relate only to women in their maternal role (or to their education). Information about the employment status of women is not included in their publications. The Department of Economic and Social Development's report presents figures on female unemployment and female-to-male unemployment ratios in selected countries. It pays special attention also to women's access to science education.

In general, the discussions of women's issues are not linked to a need to provide quality child care.

■ Toward restructuring international cooperation.

The UNDP report suggests that development assistance should be allocated to people, not countries, should favor countries in which military spending is low or being reduced, should be readjusted more in line with population and with levels of poverty, should be used increasingly to build national capacities, and should increase beyond the 7% now earmarked for human priority concerns. UNICEF and UNDP urge a restructuring so that 20% of all technical assistance would go to directly help people to meet their most basic needs for food, water, health care, family planning and primary education. Aid should target the poorest quarter of recipient countries' populations. The UNICEF report echoes the UNDP suggestion that reduced arms spending should become an important criteria for aid.

The World Bank indicates that the percentage of all aid going toward health should be increased to its pre-1980 level of 7% at once and should increase over the next few years. More assistance should go to such areas as immunization, AIDS, and primary health care and less to hospitals. Donor coordination should be improved. The Department of Economic and Social Development calls for a Summit which, among other things, would consider the relative strengths of international voluntary organisations and intergovernmental organisations and seek means of pooling their strengths.

The above gives a flavor of the approaches rec-



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ommended in the 1993 World Reports. Let us turn now to the place of early childhood development within them.

Early Childhood Care and Development

■ UNDP

Although the UNDP document is titled a "Human Development" Report, and although it deals in a sensitive way with issues of people-centered development, it does not include an explicit treatment of early childhood development. Child survival is dealt with explicitly, as are issues of morbidity and malnutrition—taken as indicators of human development. Education enters through the traditional indicators of literacy or years of schooling. At a very rough level, these indicators may be adequate for the purpose of classifying countries. However, they minimise, once again, the importance of physical, mental, social and emotional development during the early years, from birth until entry into school.

Among the 52 statistical tables presenting different developmentally-related indicators (27 for developing countries, 25 for industrial countries), are tables dealing with "child survival and development," "health profile," "education flows," and "education imbalances." All of the "child survival and

development" indicators are health and nutrition indicators, as are the indicators for the "health profile." There are no mental, social or emotional developmental indicators. The table on "education flows" includes a percentage figure representing the "intake rate" into the first grade of primary school. Although there are enrollment ratios for primary, secondary and tertiary levels, there is no enrollment ratio for pre-school programs. Nor is early education included in the table on educational imbalances.

In brief, human development during the early years is treated narrowly as a matter of good health and nutrition. Moreover, although gender issues are prominent in the report and attention is given to women's employment, these are not linked to child care issues.

■ The World Bank

In the World Bank Report, health continues to be treated as absence of disease and measured in terms of mortality reduction. Health is not defined as progression along the road to good health defined broadly to include psychological and social health. With its emphasis on survival, defined negatively, it is not surprising to find that a broader discussion of healthy child development is missing from the report. The simultaneous nature of child survival and child development and the two-way relationship between these two is missed.

When a link is made in the report between health and education, that link is limited to the influence of years of formal education on the incidence of disease.

Again, human development during the early years (child development) is treated in a very narrow way, defined by health and nutrition variables. Countries are classified in the discussion in terms of the "burden of disease" that they bear as a result of sickness and premature death.

Also worth mentioning is the fact that the World Bank's Report emphasises household capacity for health prevention and care, setting it apart from reports that continue to emphasise institutional care. It does not, however, discuss community organisation or the capacity of communities (or organised groups of individuals) to make just demands on the health delivery system. Nor does it consider the positive and negative effects on child health of the increasingly prevalent substitute systems of child care — whether at home or in institutional settings.

■ UNICEF

In *The State of the World's Children*, UNICEF continues to place almost exclusive emphasis on child health and nutrition issues. The report speaks in passing of "mental growth." A one-way link is made in the discussion in which malnutrition and

disease are seen to lead to poor mental and physical growth, leading to poor performance at school and at work, and so on. The reverse effects of poor mental and physical (and social and emotional) growth on malnutrition and disease in the early months and years are not considered.

The UNICEF report also speaks of "protection" which, from the point of view of the parents, is said to include the special protection of "love and common sense." This affirmation is left at the general level, however, and no mention is made in the report of how "love" is manifested, or of the importance of interaction, communication and stimulation for instance. This is like mentioning health without mentioning immunization or other concrete actions taken to fortify health. When protection is put into a broader social framework and when "outreach" by a community worker is discussed as a main way to help build protection, all references are to health or nutritional actions.

No direct discussion of education programmes occurs in the UNICEF Report. One figure is provided showing primary school enrollments, but there is no discussion of learning during the pre-school years or of pre-school education. When speaking of educators as an important occupational group, a plea is made for imparting basic knowledge children will need as parents. However, the basic knowledge is defined to include nutrition, health, fertility, environmental issues and gender. Early learning and mental development are not included.

Again we see that it is difficult to take an integrated view of child development and that almost exclusive emphasis is given to health and nutrition during the early years. A vision of child development that includes mental, social and emotional dimensions is just beginning to penetrate the institutional thinking as expressed in the 1993 report.

■ The Economic and Social Development Department

The chapter of this report devoted to education and literacy does not include any mention of pre-school education or of learning in the pre-school years. The WCEFA extension of the definition of basic education to include the early years has not been absorbed. Adult education and literacy are linked in the discussion to community development, productivity and employment but not to childrearing or even to health.

■ The World Education Report

In its first edition, which appeared in 1991, UNESCO's World Education Report included a discussion of "pre-primary education." The dramatic growth of pre-school education in developing countries was noted (from one in fifteen children in 1975 to one in five in 1988). Probable reasons for this increase are discussed. In a major section of the



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Children share their breakfast of wheat and soya mix with milk, at the UNICEF-supported Good Samaritan Orphanage set up for abandoned or orphaned children during the war in Mount Barclay, Monrovia.

report on "continuing challenges" no mention is made of the pre-primary period.

The UNESCO report treats early learning as equivalent to formal pre-schooling, in large part because the available statistics are for formal pre-schools. No analysis is made of the financing of early pre-primary learning or schooling.

In brief, the report treats early learning in a narrow and formal way and in passing, without giving serious attention to the topic. It is to be hoped that the 1993 report will incorporate early childhood learning and development more directly into the mainstream of its thinking.¹

Early childhood mental, social and emotional development and early learning have not found their way into the thinking and reporting of specialized agencies of the United Nations system. This is so even though there are a number of indications within the same institutions that new attention will be given to the early years.

An integral treatment of early childhood development and a holistic view of learning and development during the early years remains difficult to achieve. This is due in part to sectoral and disciplinary boundaries both within and between organisations. The health community continues to exert an

enormous influence over the way in which the welfare of children is viewed and addressed during the earliest years. The two-way interaction of mental, social and emotional development with physical development and survival is only beginning to be recognised and incorporated into programme thinking.

¹ This essay is not intended to provide yet another justification for investing in early childhood care and development. For those who would like to review these arguments, see "Meeting Early Learning Needs", produced by the Consultative Group on Early Childhood Care and Development. See also, by Robert Myers, *The Twelve Who Survive* (London: Routledge, 1993, Chapter 1) or *Toward A Fair Start for Children* (Paris: UNESCO, 1993, 4th edition).

² Apparently, the phrase "mental growth" is used rather than development so as to avoid the confusion between national development and child development. The term, "development" is restricted to the broad process of social and economic development.

³ An early draft of the report provides little attention to early learning and development. Suggestions have been made to increase and improve the treatment in the 1993 report, but whether or not the report will afford pre-primary education a reasonable place in the document remains to be seen.

Related Resources

Proposed Actions

Partnership for Child Development.

This is a ten-year, six-country study to look at educational outcomes for children in programmes that include health education, de-worming and micronutrients in the intervention. The core staff (3 in the UK and 1 in the USA) work in partnership with Ministries of Health and Education. The countries selected include Indonesia, Vietnam, Colombia, Ghana, and Tanzania. The sixth country has not yet been selected. Funding for the effort comes from UNDP, WHO, Rockefeller and the Edna McConnell Clarke Foundation. If you also work in these countries you might want to learn more about this project. For more information contact Beryl Levinger, 17 Woods Grove Rd, Westport CT 06880.

Micronutrient Initiatives

IVACG - International Vitamin A Consultative Group. IVACG was established in 1975 to guide international activities aimed at reducing vitamin A deficiency in the world. IVACG strongly supports the goal of virtually eliminating vitamin A deficiency by the turn of the century. The XV IVACG Meeting, held 8-12 March 1993 in Arusha, Tanzania, provided a forum for exchanging new ideas and important research findings, encouraging innovation, and promoting action programs to help reach the goal.

The focus of the meeting was on the integration of vitamin A interventions into existing primary health care and food-based strategies. Representatives from 51 countries were among the 294 policy makers, implementers and scientists in health, nutrition, agriculture, and development participating in the meeting. Throughout the five-day program numerous speakers presented research concerning progress in changing dietary behaviors related to vitamin A, newer methodologies for assessing subclinical vitamin A deficiency, consequences for human health and disease, and physiological functions of vitamin A.

With support from a cooperative agreement between the Nutrition Foundation, Inc. and the Office of Nutrition, Bureau for Research and Development,

U.S. Agency for International Development, the IVACG Steering Committee and Secretariat organized the meeting with a local committee in Tanzania. Other organisations, including bilateral agencies, United Nations agencies, and the food industry, provided additional support.

A complete report of the meeting is available from the IVACG Secretariat, 1126 Sixteenth Street N.W., Washington, D.C. 20036, USA. Phone: 202-659-9024, Fax: 202-659-3917.

The *Micronutrient Initiative* was established in April 1992 by the International Development Research Centre, the Canadian International Development Agency, UNDP, and the World Bank. Its mission is to catalyse and facilitate action to reduce micronutrient malnutrition by assisting developing countries in the design of appropriate programmes. The programme focusses on the eradication of Vitamin A, iron, and iodine deficiencies.

Interventions to address micronutrient malnutrition that are being promoted include efforts designed to change consumer demand and behavior, fortification of basic foods and water, and pharmaceutical supplementation. The goal is to help developing countries to identify their problems, devise solutions, and find the requisite resources to implement programs. (from Levinger, B. *Promoting Child Quality: Issues, Trends and Strategies*. Washington D.C.: Academy for Educational Development, 1992.)

The *Vitamin A Field Support Project (VITAL)*, is associated with the International Science and Technology Institute and operates under a contract



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with USAID's Office of Nutrition, Bureau for Science and Technology. In addition to vitamin A, the program also promotes the reduction of iodine and iron deficiency disorders. Principal activities include technical support to field-based projects and the dissemination of information on micronutrient malnutrition. The project also seeks to build or strengthen international coalitions of implementing and policy-setting agencies. (from Levinger, B. *Promoting Child Quality: Issues, Trends and Strategies*. Washington D.C.: Academy for Educational Development, 1992.)

Resources

Administrative Committee on Coordination/ Subcommittee on Nutrition (SCN).

The overall role of the SCN is to promote the harmonizing of policies and activities in the field of nutrition within the UN system. The SCN has compiled information on nutritional trends and problems in the world and on the resources available to deal with them. A range of specific issues has been examined, and conclusions have been published in SCN's "State-of-the-Art" series. *SCN News*, a periodic review of developments in international nutrition, frequently contains articles and reviews that pertain to the linkage between malnutrition, infection and school achievement.

Recent work by the SCN has dealt with controlling micronutrient deficiencies, particularly iodine, iron and vitamin A. During its 1990 meeting, the group embraced efforts to link nutrition and health programs to school enrollment and learning.

The importance of the SCN lies in its ability to reach an important network of policy makers within the multilateral donor community. The SCN is also the sponsor of the International School Nutrition and Health Network, a description of which follows. (from Levinger, B. *Promoting Child Quality: Issues, Trends and Strategies*. Washington D.C.: Academy for Educational Development, 1992, pg. 34)

International School Health and Nutrition Network.

This network, established by the United Nations Committee on Coordination/Subcommittee on Nutrition (SCN), is designed to facilitate information exchange and consensus. Its founding reflects the growing conviction that the relationship between student nutrition, health, and learning outcomes is an important, albeit little understood issue for both public health and education policy makers. The Education Development Center of Newton, Massachusetts serves as the Network's secretariat.

The Network will provide a vehicle for national, regional and international experts and policy makers to exchange knowledge and identify actions that can be undertaken to eliminate health- and nutrition-related impediments to school achievement. Information dissemination on current research efforts, policies and programs will be an important

Network activity. The development of technical guidelines in such areas as assessment (where little is known and there are no clear-cut standards) and the promotion of applied research are two other important Network activities.

The Network's activities will all be concerned with two issues:

1) determining the impact of nutrition and health factors on such student performance variables as enrollment, attendance, retention, repetition and related classroom behaviors; and, 2) identifying the best and most cost-effective intervention strategies to respond to the nutrition and health problems of school-age children in different ecological settings.

Participation in the Network is open to all SCN agencies as well as regional and national institutions with relevant expertise. The establishment of an international advisory panel is planned, to oversee Network activities. It will be comprised of representatives from developing countries and the international community of experts in the fields of education, nutrition, and public health.

The Network will be under the overall supervision of Dr. Abraham Horwitz, Chair of the SCN and former Director General of the PAHO. For further information contact: Ron Israel, EDC, 55 Chapel Street, Newton, MA 02160. (from Levinger, B. *Promoting Child Quality: Issues, Trends and Strategies*. Washington D.C.: Academy for Educational Development, 1992.)

Free essays on Food, Hunger and Nutrition, Primary Health Care and Development.

These are available upon request from Dr. Claudio Shuftan, Nairobi, Kenya.

Topics related to this issue of the *Coordinators' Notebook* include: "The Causes of Hunger and Malnutrition: Macro and Micro Determinants"; "Technical, Ethical and Ideological Responsibilities in Nutrition"; "De-Westernizing Health Planning and Health Care Delivery: a Political Perspective"; "Preparing Food and Nutrition/Primary Health Care Programs: Experiences from Cameroon and Liberia"; "The Role of Health and Nutrition in Development"; "Survey on Attitudes to Nutrition Planning"; "Low School Performance: Malnutrition or Cultural Deprivation?"; "Hunger and Malnutrition: Outlook for Changes in the Third World"; "Nutrition Planning - What Relevance to Hunger?"; "Positive Deviance in Child Nutrition: A Critique"

A full list and details on ordering can be requested from Dr. Shuftan, Box 40874, Nairobi, Kenya. Fax 2542 712190.

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Activities of the Secretariat

Changes in the Secretariat-

Cassie Landers has moved on to a new position, as a UNICEF Consultant. She is presently working on an exciting project to develop five parent-education videos with accompanying documentation for parents in Jordan, West Bank, Morocco, Tunisia, Turkey, Iraq and Lebanon. The project is administered by Nigel Fisher out of the UNICEF Middle East and North Africa Regional Office.

Gloria Fernandez has taken on the position of Information Officer for UNICEF in Mozambique. Her new job started October 1. We wish her well in her new endeavor.

Our heartfelt thanks to both Cassie and Gloria for their contributions to the Consultative Group, and in particular for their fine work in producing previous editions of the Coordinators' Notebook.

Judith L. Evans joined the Secretariat in January as Director. She was previously the Programme Officer for Young Children and the Family at the Aga Khan Foundation. Judith will be working 3/4 time for the Secretariat, and will be using the other quarter of her time to provide technical assistance in ECCD on an individual contract basis.

Bob Myers has shifted his role to that of Associate Director, handing over many of the administrative tasks to Judith. Bob will also be working 3/4 time for the Secretariat, and using the fourth quarter to provide technical assistance to organizations on an individual contract basis.

Ellen M. Ilfeld has joined us as editor of the Notebook and Occasional Papers. She was co-author, with Judith Evans, of *Good Beginnings: Parenting in the Early Years* (High Scope Press), and is the founder/publisher of Horse Mountain Press, a small publishing company in western Massachusetts.

Judith and Ellen can both be reached at the Massachusetts office:
6 The Lope
Haydenville, MA 01039 USA
Phone: (413) 268-7272 Fax (413) 268-7279

Bob can be reached in Mexico City at:
Insurgentes Sur 4411
Ed 25-202
Tlalcoligta
D.F. 14430, MEXICO
Phone/fax: (52-5) 573-3969

Along with the changes in personnel, we have re-designed our logo, given the *Coordinators' Notebook* a new look, and produced a brochure which describes the Consultative Group activities and mission. Copies of the brochure are available upon request.



Participation in the EFA Forum -

A follow-up to the Education for All (EFA) Forum in Jomtien, Thailand, was held in New Delhi, September 8-10, 1993. One of the major time blocks within the three days was devoted to Early Childhood Education. To prepare for the session an ad hoc committee was formed with the Bernard van Leer Foundation assuming the role of organizer, assisted by the Secretariat of the Consultative Group on Early Childhood Care and Development (CG).

The presentation began with a video, *First Steps*, produced by the Aga Khan Foundation (a complete description of the video will be in the next issue of the *Coordinators Notebook*), providing a pictorial presentation of the importance of ECCD. The session continued with the presentation of three case studies. The first was based on the Venezuela Family Day Care Project. The second was a description of the large-scale pre-school project in Kenya which is an example of government/community collaboration in support of early childhood education. The third case study provided a description of an active family centre created in the Philippines to meet the multiple needs of families in the community. The final hour of the session was devoted to a discussion of the issues.

All those present were concerned that the enthusiasm for early childhood issues not dissipate after the conference. Thus, during the final day, those interested in early childhood issues met together to decide how to proceed. It was decided to call a meeting of an expanded group in early November, in order to develop concrete plans of action in these priority areas. The meeting was convened in New York, in November, 1993 by the Secretariat of the CG.

The general purpose of the meeting was to promote working together in common cause in order to activate and strengthen work in the field of early childhood development. In line with the purposes established, the meeting resulted in the following outcomes: 1) identification of priority issues and areas for work, 2) a plan of action, 3) assignment of responsibilities, and 4) plans for involving other organizations.

Responsibility for the various activities was assigned, based on the organizations present at the meeting. The lead role with respect to particular activities was assigned to different organizations, each taking responsibility for one or more of the priority areas set out. At the meeting other possible collaborators were identified. A list of organizations that might be interested in collaboration was drawn up, many of whom are located in Europe. It was recommended, therefore, that a similar meeting be held in Europe in early 1994. Such a meeting would have as its main purpose to extend collaboration in activities intended to strengthen work in the field of early childhood development. It would take as its starting point the outcomes of the November meeting in New York. We were asked to organize this European meeting.

General responsibility for keeping organizations informed of progress, for seeking extended cooperation, for monitoring and for synthesizing results from the various activities within the Plan of Action was assigned to the Secretariat of the Consultative Group on Early Childhood Care and Development. These activities will serve as a primary focus for the Secretariat during 1994 and 1995.

The 8th Meeting of the Consultative Group -

This was held in Washington D.C. March 31 - April 2, 1993. In preparation for the meeting we drafted the document *Principles and Guidelines to Strengthen Programmes of Early Childhood Development and*

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Learning. This was discussed at the meeting and revised for distribution. A document on the activities of the Secretariat during the preceding year was also presented.

The Santa Marta Meeting of Networks -

The "First Meeting of Latin American Networks dealing with Childhood" was held in Santa Marta Colombia from August 23-26, 1993. The meeting was organised by the International Center for Human Development and Education (CINDE) and the Secretariat of the CG, with funding from UNICEF's office for Latin America and the Caribbean and from the Interamerican Institute of the Child. The objectives of the meeting were to:

- identify overlapping and complementary activities as well as gaps in the work being carried out by institutional groups concerned with the child in Latin America;
- stimulate an exchange of ideas, materials and information about activities among existing networks (or institutional groupings) that share the common goal of improving the condition of children in Latin America;
- explore mechanisms to facilitate continuing exchange and collaboration.

The meeting brought together a wide range of NGOs and donors. These included UNICEF, UNESCO, World Bank, PAHO, The Inter-American Institute of the Child, the Latin American Centre for Perinatology, the Child and Family Network, REDUC, La Liga Leche, OMEP, Redd Barna, SC, CCF, The Bernard van Leer Foundation, the International Society for the Study of Behavioral Development, CINDE, the Colombian Child and Family Institute (ICBF) and the Rafael Pombo Foundation.

To facilitate discussion, a background paper was prepared presenting the concept of networking and an analysis of networks and institutional groups in terms of their purposes, forms of organisation, areas of emphasis, geographic extension and types of activities. During the meeting the concept of "networking" was taken beyond the common idea of a mechanism for communication and exchange. It was defined as "a new form of social organisation appropriate to the support of social movements".

As a result of the meeting several concrete areas of collaboration emerged involving two or more of the institutions present. A committee was established to look into the possibility of developing a communication network within Latin America that cuts across disciplinary and sectorial lines. A summary report of the meeting, in Spanish, is being prepared by CINDE and should be ready for distribution by the end of 1993. The next meeting was tentatively set for May or June 1994, to be hosted by the Pan American Health Organisation.

Workshop on Childrearing Practices and Beliefs -

From October 26-29, 1993, a workshop on Childrearing Practices and Beliefs was held in Windhoek, Namibia. Organized by the Secretariat of the CG, with support from UNICEF, and hosted by the University of Namibia and the UNICEF Namibia office, the Workshop provided an opportunity for government, NGOs, University professors and donors to sit together and look at research on childrearing practices from Mali, Namibia, Zambia, Malawi and Nigeria. The purposes of the workshop were: 1) to bring together information from existing studies and to draw implications for policy and programming, 2) to strengthen the network of individuals and

institutions in the region who are working to improve the knowledge base from which to build sound programmes of early childhood care and development, and 3) to create awareness among programme officers in various organisations of the importance of drawing upon knowledge of childrearing practices and beliefs when establishing and conducting ECCD programmes.

There were 25 participants at the meeting from 11 African countries. As a result of the Workshop an analytical framework was developed on ways in which we can more effectively use traditional practices and beliefs to provide support to families. The framework was based on the presentations and descriptions of current projects grounded in traditional practices. The report on the Workshop will be available in early 1994.

Child Status Profile Project-

During the year we were able to get the Child Status Profile Project underway. The project, which is supported by the International Development Research Centre (IDRC) and UNICEF, will define and apply measures in order to determine the developmental status of children just prior to entering school. It will also delineate a profile of the school's readiness for the children it should receive.

The International Center for Education and Human Development (CINDE) in Colombia was the first research organisation to develop a proposal to develop a Child Status Profile. They began their work mid-year. In October, a second project was negotiated. This is with African Medical & Research Foundation (AMREF) in Kenya. There are two other groups that are interested in developing national projects. These are the Noor Al-Hussein Foundation in Jordan and the Child Care Development Centre in Jamaica. They will come on-board in 1994.

The Absent Father? -

Bob Myers was asked to contribute to and critique a book on the family being produced under UNESCO auspices by the GAIA Press. The book is being prepared for publication in 1994, in celebration of the International Year of the Family. Bob's chapter was titled, "The Absent Father."

Activities of the Secretariat



UNICEF/Chad Mugge Murray Lee

The non-absent father

Activities of the Secretariat

Convenio Andres Bello-

Bob Myers prepared a paper for the Convenio Andres Bello that describes the situation of young children in the 7 Latin American countries served by the Convenio (Venezuela, Colombia, Panama, Ecuador, Peru, Bolivia, Chile). The paper documents international assistance for early childhood projects in these countries. The paper was commissioned because the Convenio is considering some support for work in this area and would like to complement rather than duplicate efforts of others.

Child Care Programmes as an Entry Point for Maternal and Child Health Components of Primary Health Care -

As a follow-up to a paper written earlier for the World Health Organisation, Judith Evans was asked to revise the document and update it. The resulting monograph, *Child Care Programmes as an Entry Point for Maternal and Child Health Components of Primary Health Care* was authored by Judith L. Evans and P.M. Shah of the World Health Organisation and will be published by WHO in 1994.

Other Publications -

A Spanish edition of *The Twelve Who Survive* is being published by the Pan American Health Organisation in December 1993.

Childrearing Practices in Latin America: Phase II. This report by Robert Myers is being published by CELAM and UNICEF.

Toward a Fair Start for Children. This very useful monograph written by Bob Myers, published by UNESCO, is now in its fourth edition in English and it is available in Spanish, French, Portuguese, Russian, Arabic, Chinese, Bhasa and Thai.

In 1993, a monograph written by Judith L. Evans when she worked for the Aga Khan Foundation, *Participatory Evaluations of Child-to-Child Projects in India*, was published by the Aga Khan Foundation.

Improving the Situation of Children Worldwide: A Call to Action, written by Judith L. Evans and Robert Myers, was published in High Scope ReSource in Fall, 1993.

Meeting Basic Learning Needs through Programmes of Early Childhood Care and Development, written by Robert Myers and Judith L. Evans, was a booklet prepared as a handout for the Education For All (EFA) Forum in New Delhi. A revised version will be distributed in conjunction with the next issue of the *Coordinators' Notebook* which focusses on the International EFA Initiative.

A new Consultative Group brochure detailing the group's activities was written and produced by the Secretariat.

A new quarterly newsletter called the *Funders' Folio* was added to our regular publications schedule. The *Folio* is sent to all sponsoring and affiliate members of the Consultative Group, as well as to the Advisory Committee. It provides short news updates on what the Secretariat is doing, and aims to create an information exchange among funders, inspiring greater collaboration and communication.

Women and Children in Eastern Europe -

In fall of '93 discussions were held with the WID office in USAID, with individuals within the World Bank, High Scope Foundation, UNESCO, and SCF to develop a project focussing on assessing the needs of women and children in Eastern Europe. With the changes in government there have been changes in the work pattern for women and in the provision of care for young children. While many

have begun to examine the impact on women of moving to a market economy, it is as yet unknown what the impact of these changes are on young children. By working with counterparts in selected countries (Albania, Hungary, Romania and Poland) an assessment will be made of current child care provision in the countries, with recommendations for activities that could be undertaken by donor agencies to support young children's development. Funds for the project were received in late 1993 from USAID and the World Bank. The project will begin in 1994.

Activities of the Secretariat

The Roles of the Members of the Secretariat -

Through the changes that have taken place in the Secretariat over the past months, we have taken some time to clarify the role of the Secretariat of the Consultative Group. We have found, in fact, that we offer a variety of services and play different roles in our interactions with different people and organisations. We have come up with the following short description of what we see ourselves doing.

We have defined five key roles we are playing in relation to ECCD internationally. These represent the ways various participating organisations relate to us. If there are ways we can support or interact with your organisation that are not described below, please let us know.

1. *Networking*. At the most basic level, we are *international networkers*. We try to keep track of who is doing what where, and to let other people know about it. Some of you play a similar role within your particular spheres. We try to foster communication among all the groups we come into contact with, drawing on your news, information and knowledge as well as on our own, to put people in touch with each other.

Some of this 'news' is shared with a broad network of individuals and institutions receiving the *Coordinators Notebook*. Some is shared more frequently through the *Funders Folio*. Even more commonly, networking occurs on a personal basis, in direct conversations. Not infrequently, we get calls from organisations asking about available materials on a particular topic, about instruments and measures, or about people who would be appropriate to carry out an evaluation or an assessment of a project in a particular country. People turn to us because we do know who is doing what where, or we know where to find out—and we put people in touch with that source, sometimes one of you.

Taking the networking role up one notch, we also create networks among people with common interests and concerns, encouraging the exchange of experiences across organisations and sectors. One example of this kind of networking is the yearly meeting of the Consultative Group. Another is the recent meeting held in Santa Marta, that brought together various Latin American Networks, each of which approaches programming focussed on the child from a different perspective. Yet another example resulted from work Bob has done in Bolivia that allowed him to help make connections between SCF and the government as it develops a new program of home day care.

2. *Acting as a Sounding Board*. For some organisations the Secretariat and its Advisory Committee serve as a Sounding Board. This is especially important for organisations that are developing a programme or looking for people outside their organisation to provide and/or critique ideas. For example, USAID and the World Bank have turned to the Secretariat and the Advisory Committee for programme ideas as has the Latin American Regional Office of UNICEF. When we were in India, Judith spent part of a day with the national and

Activities of the Secretariat

regional CCF staff, acting as a sounding board regarding new developments within their programming.

On occasion, the entire network of people who receive the *Coordinators' Notebook* has been used as a sounding board, for instance, when UNICEF was in the process of creating child development messages for a new edition of "Facts for Life". In effect, we can sound out ideas on a personal basis, through the Advisory Committee or through the entire network.

3. *Synthesizing Knowledge* The Secretariat has often responded to specific needs of participating organisations by bringing together existing information on particular topics. This is generally used in order to inform their programming or to facilitate the process of advocacy within an organisation. As a rule, these syntheses are of interest to a broader audience as well and are not restricted to use within a specific organisation. For example, the World Bank requested a review of research on the relationship between early intervention programs and performance in primary school which Bob pulled together. Judith has recently completed a paper for the World Health Organisation synthesizing ideas about child care programmes as an entry point for maternal and child health components of primary health care.

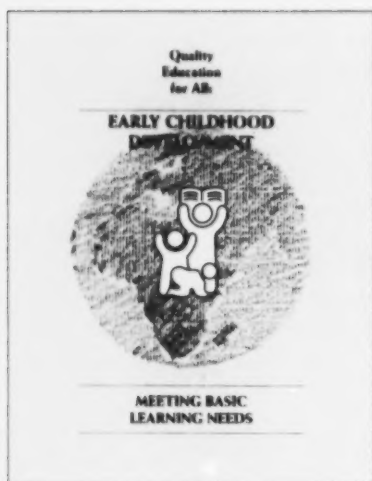
In other cases, the Secretariat brings together information on topics that are identified as necessary to strengthen the field as a whole or to provide a general basis for advocacy. Specific topics may originate with participating organisations, or be suggested by the Advisory Committee, or emerge from consultations and the insights of the Secretariat as it looks broadly across the field. The review of instruments and measures carried out by Cassie Landers is one example. Other examples include reviews of childrearing practices, of child-to-child programmes and of early language learning.

The preparation of the background paper that was produced for the EFA Forum in New Delhi and Bob's book *The Twelve Who Survive* are examples of more general synthesizing tasks.

4. *Generating knowledge* On occasion the Secretariat has been called upon to identify areas in which action research should be undertaken to fill an important gap in knowledge. This call may come from organisations participating in the CG who have a shared interest or from discussions at the annual meetings of the Group. The Secretariat takes on the responsibility of putting together a project within which interested organisations can participate. It also takes responsibility for coordinating the research and synthesizing results.

An example of this action research is a project just developed to assess the situation of young children in Eastern Europe, described on p 41. Other examples include the Secretariat's work on the Child Status Profile (with support from UNICEF, IDRC, and USAID) and work on Childrearing Practices and Beliefs, with support from various sections of UNICEF.

5. *Providing Technical Assistance* Members of the Secretariat are employed 3/4 time with the CG. They have 1/4 time available to provide technical assistance to organisations, which may or may not be participants in the CG. This generally involves agency- and country-specific projects which are contracted with individual members of the Secretariat. This work enhances the experience base of the Secretariat and the results become part of the knowledge that we bring to the CG. Examples include the evaluation of the Day Care Project in India, sponsored by AKF, an invitation from the UNICEF national office in Nepal to assess and recommend action by UNICEF



to enhance ECCD in that country, working with the World Bank to set up the family day care project in Bolivia, working with the World Bank to assess the feasibility of adding a "head start" year to the formal school system in South Africa once the new government is in place.

Thus, we play several roles. The balance among these roles changes as we develop relationships across the entire network. As the field of Early Childhood progresses, the balance of these activities will necessarily change.

Affiliate Status -

We have added a new category of partnership within the CG. Organizations such as NGOs, which are not in a position to become sponsoring members, can now become part of the CG Network as affiliates. The affiliate status represents a contribution of USD \$500. Affiliates will have access to the Funders' Folio and Occasional Papers produced by the Secretariat, in addition to receiving the *Coordinators' Notebook*. The idea came about as a result of inquiries from NGOs about how they could be more involved in the networking process. If you know of groups that might be interested in this type of affiliation with the CG, please let us know.

Activities of the Secretariat

News from the Advisory Committee

News from Members of the Advisory Committee -

Indu Balagopal is involved in a new advocacy group in India called *FORCES* (*Forum for Early Childhood Care Services*). Using many of the materials produced by the Consultative Group on Early Childhood Care and Development, *FORCES* is presenting the case for young children to policy makers within the Labour Ministry. The intent is to have childcare concerns and programmes included in the 8th Five-Year Plan. It is good to know when materials are being used, and how.

Janet Brown, of the Caribbean Child Development Centre (CCDC) has provided a lengthy report on the activities of CCDC. These are included in the *Network News* section. Her manuscript on the role of fathers in childrearing in Jamaica has now been published.

Cigdem Kagitcibasi is on a sabbatical leave for the 1993-94 academic year. She is a visiting professor at the Netherlands Institute for Advanced Study where she will be doing research and writing. She can be reached through the following address: Cigdem Kagitcibasi, Netherlands Institute for Advanced Study, Meiboomlaan 1, 2242 PR Wassenaar, The Netherlands (Phone 31-1751-19302 (Office), 31-1751-10835 (Home), 31-1751-17162 (Fax)).

Barnabas Otaala has been at the University of Namibia for three years. He is Dean of the Faculty of Education. Barnabas was very active in the development of the Workshop on Childrearing Practices and Beliefs which was organised by the Secretariat of the CG, funded by UNICEF, and hosted by UNICEF Namibia and the University of Namibia. Within the Faculty of Education they are in the process of developing a diploma course in Early Childhood Care and Development.

Our Apologies -

In the December 1992 edition of the *Coordinators' Notebook*, there were a number of errors as a result of editing of the article on *Training for*

Child Care Workers in India, by Mina Swaminathan. The article indicated there were 2,000 balwadis in the early 1970s, when in fact there were 20,000. Anganwadi (a place) and Anganwadi worker were used interchangeably, causing confusion. sangha was misspelt as shanga, and other words were incorrectly interpreted when the article was edited. Our apologies for these errors.

Network News

Save the Children Foundation (SC)

Strong Beginnings:

Save the Children's "Strong Beginnings" initiative is well into its second year, working to convince a variety of audiences that the education of the young child and related work with parents and caregivers is relevant to their countries' needs. Garnering support from a variety of funding sources, the initiative is gaining some momentum.

In Asia, UNICEF has agreed to fund a project in Thailand, supporting early education and women's education in the context of women's economic production activities in rural areas. A factory day care program is off the ground in the Philippines, and funds are being sought to bring this to a reasonable scale. USAID in Nepal has decided to provide a large "basic education" grant to the Nepal Field Office. This will focus among other things on non-formal early childhood education and give a needed stimulus to the exciting Nepali early childhood program which builds upon women's literacy groups at village level.

SC, along with UNICEF and the Regional Training and Resource Centre (RTRC) for Early Childhood Development sponsored a workshop from 31 January to 7 February in Singapore, "Child Survival and Development: Parents as Catalysts." The emphasis of the workshop was on the importance of parent involvement in early childhood initiatives. Policy makers, donor agency personnel and those implementing ECD programs were brought together to explore the issues and

share their experiences in relation to working with parents. As a result of the Workshop a regional inventory of experiences in sustainable, low-cost, effective ECD programmes is being undertaken, and a regional network has been created that will be used to continue the sharing of experiences, with the possibility of specific collaboration on ECD projects in the future. The RTRC in Singapore will function as a central source of continuing support for the network.

In the Middle East, the European Common Market (brokered by SCUK) funded a community-based early education program in Palestinian communities in the West Bank and Gaza Strip. Operational details of this exciting new venture are now being worked out. Designs have been completed on a similar proposal for Jordan in Palestinian refugee communities in urban Amman and Bedouin villages in the Bani Hamida area where SC already supports women's production activities. Education was a major feature of the 1993 Middle East regional conference for field office staff held in Cyprus in late June, provoking considerable interest on the part of the Egypt, Lebanon and Pakistan/Afghanistan offices.

In Latin America, the focal point has been the emergence of low-cost models of home-based day care which allows for supplementary education of women. Save the Children offered a seminar in Santa Marta, Colombia to discuss how it might become more involved in this programme area. Costa Rica, El Salvador and Bolivia

have developed proposals to begin such efforts.

In February 1993, SC held a five-day Latin America Regional Programming Workshop on Education and Gender in Colombia. The workshop brought together agencies working in the region to explore issues related to basic education and gender. Representatives from SC offices and donor agencies were present from Bolivia, Colombia, Cost Rica, Dominican Republic, El Salvador, Haiti, Honduras, Mexico and Nicaragua. The workshop provided an opportunity to share experiences across agencies and to identify common programme interests as a basis for collaborative education activities in the future.

In Africa, a small-scale experiment in Mali, "Ecole du Village," a project within which village people build their own school and support their teacher by setting aside and cultivating land on the teacher's behalf, has gained international recognition by UNESCO and UNDP, and will be receiving USAID funds for expansion. The schedule is tailored to the agricultural year and the curriculum is geared to the needs of a peasant farming community and taught in the local language.

The ceasefire in Mozambique's civil war has opened up new possibilities for working with displaced populations. SC's Children and War programme is working to reunite children with family members. The Portuguese government and UNESCO have joined in partnership with SC in a project addressing the social rehabilitation of children and families returning to their native areas through the development of early childhood centres at the village level which draw on the mothers' support and offer them educational opportunities.

In the USA, with the amalgamation of SC's international and domestic programmes, "Strong Beginnings" with its accent on community self-help and cross-generational activities, is an approach being explored. Discussions are underway between SC International and Save the Children Care Support Centre in Atlanta.

For more information on Save the Children's Programmes, contact Dr. Fred Wood, Director, Education and Early Childhood Development, Save the Children, 54 Wilton Road, P.O. Box 950 Westport CT 06881 (USA) Phone: 203-221-4125, Fax: 203-222-9176.

UNESCO YCF Project

Aim and Coordinating Role:

Established by the General Conference in November 1989, the purpose of the UNESCO Young Child and Family Environment (YCF) Project is to be a coordinating body within UNESCO for interagency and intersectoral activities on behalf of families and young children. Special attention will be given in the future to support early childhood policy-making within the framework of the Jomtien World Conference on Education for All which named the extension of early childhood services as one of the pillars of basic education.

Results March - September 1993

Within the last six months, the Unit has contributed to several interagency co-ordination meetings and has received at UNESCO key representatives from UNICEF, the Consultative Group on ECCD, WHO, Save the Children, the Bernard van Leer Foundation, Barnardos, and the International Children's Forum.

Operational Project Preparation

This has been a central concern for YCF work since March. The following is a summary of our activities in that field.

1. The project has re-launched UNESCO activity within Cambodia and is searching for substantial external funding.

2. Negotiations have begun to extend a Saudi pre-school project to other Gulf States (Oman, Bahrain, UAE), the Middle East (centred on Jordan) and Morocco.

3. YCF is also supporting a project on Mothers' Literacy in Nepal, being run by Save the Children.

4. A \$100,000 Mozambique early childhood/community development programme financed by Portugal has been agreed upon. A mission to Mozambique has already taken place and agreement in principle has been reached with Save the Children to operationalise the project in two provinces.

5. Several meetings with the Centre International pour l'Enfance have been held to establish a practical diploma and Masters programme in Child and Family Practice in a major university with outreach to urban services.

6. YCF has been invited by BUIPL (Early Learning Teachers' Union) to provide an evaluation input on programmes which BUIPL and DANIDA are planning to launch in Ghana and South Africa.

7. UNICEF and Save the Children like-

wise requested our co-operation in regional training programmes in ECD to be attended by selected country personnel, government representatives and service-delivery (NGO) people.

8. International Year of the Family (IYF), 1994: for the IYF, YCF is planning, together with GAIA books, a publication titled *Families*, to be published for the General Conference in 1993. Likewise, we are organizing with the International Children's Museum in Oslo, NORAD and the Royal Norwegian Ministry of Foreign Affairs an art exhibition *The Family Seen Through Children's Eyes*. We are planning to bring this exhibition to several cities outside France, particularly to urban centres in the developing world. Several meetings have also been held within UNESCO and with the consortium of family NGOs affiliated to UNESCO in order to co-ordinate UNESCO's input into the International Year.

Research/Information/Publications

A major role of the YCF Unit is to contribute to research and advocacy on family and early childhood topics. The Unit has been able:

1. To prepare and disseminate widely a new publication: *The Directory of Sub-Saharan ECCE Institutions* (some copies are available on request).

2. To promote the Convention on the Rights of the Child. We have published with the French Ministère des Affaires Sociales, de la Santé et de la Ville, an illustrated Convention for children 6-10 years old. Free copies may be had upon request.

3. To contribute to the 'early childhood' section of the *International Encyclopedia of Education*.

4. To carry forward the production and distribution of Bob Myers' *Toward a Fair Start for Children*. Our most recent reprinting in English brings our total in that language to almost 11,000 copies. The French edition is now prepared and is going to press. Spanish, Portuguese, Russian, Indonesian and Thai versions are available, and recently we have received first copies of the Chinese and Arabic versions.

5. To evaluate the *International Directory of the Young Child and the Family Environment* which lists and describes 670 early childhood organizations worldwide. Hundreds of evaluation questionnaires were sent out to readers and organizations. The resulting replies show that the publication was very well received and was highly praised as a source of information on early childhood activities. Respondents recommend that

UNESCO continue this effort, and also publish region- or country-specific information.

6. To publish for the International Year of the Family, 1994, two books in French: *Le Devenir de la Famille* (author Djamchid Beynham) and *Familles en mutation dans une Société en Mutation*, with the International Council of Women.

7. YCF has begun work on:

- the update of the *International Directory*;
- a UNESCO manual on how nations care for young children. This manual will essentially be a compilation of 2000-word briefs or profiles on the situation of early child development in Member States;
- a series of action research papers on the child and the family. The first title is *Working with Rural Communities in Nepal*;
- some principles of non-formal education intervention by Amy Jo Reinhold, Education Research Specialist with the Save the Children Education Unit, Westport CT. The title should be available in December 1993.

- contributions to the research journal *Childhood*, published by the Norwegian Council of Child Research. UNESCO will contribute in each issue a 2000-word summary of a successful family/early childhood intervention. Our first contribution which will appear in the Winter 1993 or Spring 1994 issue is 'Proyecto Padres e Hijos' by Joanna Filip and Ximena Valdes. YCF welcomes proposals for this feature, and in particular, information concerning good intervention projects in the developing world.

Our address is: John Bennett, YCF Project, ED/BAS/UNESCO, 7 Place de Fontenoy, 75700 Paris, France. Phone: (33-1) 45-68-38-15. Fax: (33-1) 40-65-94-05.

Christian Children's Fund (CCF)

Key Messages for Parents Initiative:

In early 1992 a parent training program on early child development was initiated by the international office of the Christian Children's Fund. The following is a brief summary of the progress and lessons learned since this program was disseminated through 23 national offices.

Background

The 'Key Messages' initiative was

launched after an internal program assessment indicated that child development concepts introduced by the international office were most often translated into center-based preschool programs for 3- to 6-year-old children at the project level. One of the goals of the initiative was therefore to broaden the age range of children being reached by targeting the earliest age group, while introducing a greater variety of programming strategies by identifying caregivers as an additional group to reach.

Program Design

The content of the training program was designed around basic "messages" for all parents, and was planned to be compatible with UNICEF's Facts For Life booklet. The curriculum was organized around physical, social, emotional and intellectual development, and focused on the 0 to 2-year-old age group (although it covered development up to the age of 6). To ensure that the content was sensitive to cultural factors, program officers from representative national offices were invited to work together in identifying key concepts that would form a core curriculum for parents. Each national office could then adapt this core of information in developing their own training program.

Program Implementation

Most national offices have responded to this initiative by first focusing on the development of training materials appropriate for illiterate parents. Some offices, but not all, have worked with parents as a first step in understanding local caretaking practices and the kinds of information that parents need. Other offices have developed materials and identified critical information by consulting experts. Although we encourage the first method, we are not yet able to show that one strategy is better than the other. In most cases, though, print and visual materials are but one method of communication. Video, puppetry, drama, etc. often serve as alternative and mutually reinforcing modes of communication.

The second, and most problematical major area of focus is the training strategy itself. Most offices have used a two-step approach. Trainers train project-level staff and members of parent committees, who in turn, train parents. In some cases this last step is further broken down so that certain parent volunteers are trained, and these volunteers work with a select number of families in their community.

Evaluation

In evaluating these training strategies,

national offices have found that one-shot training events with annual follow-ups were not sufficient to maintain the program. For example, CCF-Indonesia found that the initial interest and enthusiasm of parents died out when trained project staff were unable to provide satisfactory answers to their (the parents') questions. Project staff training was not sufficient preparation for the kinds of questions parents began to ask. Furthermore, there was no mechanism for enabling the trainers to learn about and respond to the changing informational needs of the project staff.

Lessons Learned

To overcome these problems, some offices have regionalized the use of resources. For example, a few offices have located expert staff in a region so that they have more frequent contact with a cluster of projects. In doing so, the original concept of establishing a training program has been modified. In its place is the goal of establishing an ongoing and two-way dialogue between beneficiaries and resource people. Bob Myers has suggested that the concept of key messages implies a top-down delivery of a pre-fabricated truth, and that the programs may benefit from developing "themes for discussion" instead. While a number of offices developed key messages based on information and caregiving practices coming from the "bottom", we have found that establishing an ongoing discussion is a critical and elusive goal.

Bernard Van Leer Foundation

Founded in 1949, the Bernard van Leer Foundation's central objective is to improve opportunities for young children who live in disadvantaged circumstances. The Foundation uses two main strategies to accomplish this objective:

- it supports the development of innovative field-based approaches in the area of early childhood development, and
- it shares relevant experience with as wide an audience as possible in order to influence policy and practice.

This means that the Foundation supports projects in the field and also advocates for policies and practices that will create improved conditions for children. The Foundation believes that in order to improve opportunities for young children

it is necessary to work with people who surround them and who can have an influence on their lives. This includes parents, siblings, other family members, communities, organisations that provide services, local and national governments and international institutions.

The projects focus on children from birth to eight years of age who are least able to benefit from educational and developmental opportunities because of social and other forms of disadvantage. A key objective in initiating and implementing projects is that their work will have lasting effects. This could mean that the project itself becomes self-sustaining, or that the lessons learned stimulate and inform other work. Currently 127 projects are being supported by the Foundation in 45 countries around the world.

Meetings involving project staff have proved highly effective in sharing skills, ideas and experiences about such topics as team building, training methods, publication and documentation, evaluation and institutionalisation. Particularly interesting in this respect were sub-regional workshops in Belgium, USA and Australia among other countries.

Elsewhere, Brazilian projects have collaborated to bring a national early childhood database on line; in Australia a week-long 'Mobile Muster' involving project workers and the Federal Department of Health, Housing and Community Development sought better ways to coordinate mobile services for remote families; in France, an international conference for practitioners in day care for young children was convened; in South Africa, the South African Network Trust began to focus its activities around project staff development; in Morocco, Atfale held a three-day conference which brought together practitioners, academics and government officials to explore ECD and further the spread of programmes across the country; and in Latin America, REDUC (Latin American Network for Information and Documentation in Education) undertook a five-country survey of the state of ECD practice and is now publishing the results.

The Foundation produces a newsletter four times a year, each with its own theme. For 1993 these were: 'Where have all the fathers gone?', 'Building on people's strengths', 'Children in conflict' and 'Resources and resource centres'. In 1991 they launched a series of Studies and

Evaluation Papers. These are short background papers which represent ECD field experiences and findings, and include analysis and reflection. In 1992 six titles were added to the list. Two came from Africa and covered 'Contextual Child Development' and 'Survival and Development'. One each came from Pakistan, 'The Role of Afghan Refugee Women', France, 'Parent-run Day Care Centres', Scotland, 'Parents in a Nursery School', and the Middle East, 'Altering Practice in a Children's Home'.

For more information write to: Communications Section, Bernard van Leer Foundation, PO Box 82334 EH, The Hague, The Netherlands. Phone: (31-70) 351-20-40. Fax: (31-70) 350-23-73.

Caribbean Child Development Centre (CCDC)

Major Activities

1 In January 1993 the report on *The Contribution of Caribbean Men to the Family: A Jamaican Pilot* was issued. This resulted in a variety of spin-off activities throughout the year. One was the production of a manual to replicate the group discussion series used to obtain part of the study data. The manual contains background data on the study, guidelines for facilitators in establishing groups and eight session outlines for discussion. The manual is being field tested in Barbados, Jamaica and Trinidad. The second set of activities included presentations on the study in a variety of national and international meetings. Third, a further research project has been developed between CCDC and the University of the West Indies, looking at Gender Socialization in the Caribbean. The study will be conducted in Dominica, Guyana and Jamaica, funded by UNICEF.

2 In late 1992, CCDC was contracted by the Child Support Unit of the Ministry of Local Government to conduct an evaluation of Jamaica's day care services. The evaluation was completed in August 1993. The report suggests that limited resources could best be spent on child development promoters within a community. A call was also made for a policy group to articulate the Government's commitment to pre-school age children, to be coordinated with all Ministries offering family support programmes to young children.

3. The Urban Basic Services Project of the Ministries of Health and Local Government completes its third year at the end of 1993. CCDC administers the Day Care Outreach Component. During 1993 a research component was added to test the impact of project activities on children and their parents.

4. In January, Dr. Jaipaul Roopnarine, a professor from Syracuse University, spent a month at CCDC. Several collaborative projects resulted from his visit. Professor Roopnarine and Janet Brown, CCDC Coordinator, will co-edit a textbook of articles by colleagues on aspects of parent-child socialization in the Caribbean, to be published by Ablex Publishing Company as part of its series on *Advances in Applied Developmental Psychology*. Also, a joint University of Syracuse/University of the West Indies research proposal has been developed to look further at families of firstborns, and to test an intervention to strengthen parental investment in infant care, focussed on fathers as well as mothers.

5. Parenting Partners, a task group of professionals from 8 agencies developed the Parenting Partners manual, published in October. This two-volume set is designed for use by people facilitating parent groups. Jamaica's Coalition for Better Parenting will distribute the manual through training workshops. A television series is also being planned by Parenting Partners.

For more information contact: Janet Brown, Caribbean Child Development Centre, University of the West Indies, P.O. Box 141, Mora, Kingston 7, Jamaica. Phone: 809-927-1618 Fax: 809-927-1920.

Childwatch International(CI)

The Convention on the Rights of the Child and the Plan of Action adopted at the World Summit for Children provide the terms of reference as well as a common agenda for the improvement of the situation of children. They also define a new international standard for policies to provide children with optimal conditions for survival, protection and development, as well as a new commitment of cooperation between nations.

CHILDWATCH INTERNATIONAL is a response of the research community to

the Convention and the summit Plan of Action. CI is a network of institutions and professionals involved in research for children with the aim of initiating and coordinating research and information projects on children's living conditions and the implementation of children's rights. Researchers studying issues related to the lives of children and young people can provide important knowledge to facilitate and support the Convention. Researchers can define the baseline situation of various groups of children, develop indicators to measure accomplishment of the goals, and propose and develop strategies to improve the situation.

CHILDWATCH focusses on the development of an international research agenda, capacity-building within regional and national child research centres, groups and networks, networking among researchers and dissemination of research results, and creating a dialogue between researchers and policy makers for the purpose of developing strategies for implementation of the principles of the Convention.

Initial funding for CHILDWATCH has been provided by the Norwegian Ministry for Children and Family Affairs. Funding of specific activities is sought from a variety of sources. For example, the Spanish Ministry of Social Affairs covered the costs of a meeting in June 1994, and the Norwegian Centre for Child Research (NOSEB) has co-sponsored several workshops. UNICEF is involved with CI in the development of a project on children's rights indicators.

For further information contact: CHILDWATCH INTERNATIONAL, Network for Child Research, P.O. Box 1096, Blindern, N-0317 Oslo, NORWAY. Phone: (47) 22-85-48-41, Fax: (47) 22-85-52-53.

Publications and Videos

Significant Benefits: The High/Scope Perry Preschool Study Through Age 27

BY L.I. SCHWEINHART, H.V. BARNES, AND D.P. WEIKART,
WITH W.S. BARNETT AND
A.S. EPSTEIN
HIGH/SCOPE PRESS
YPSILANTI, MI, 1993

The High/Scope Foundation has recently published the latest findings from the High/Scope Perry Preschool Project. Conducted by the High/Scope Foundation of Ypsilanti, Michigan, the study has been underway since the mid-1960's. Through the years this longitudinal study has examined the lives of 123 African Americans born in poverty and at high risk of failing in school. At ages 3 and 4, these individuals were randomly divided into two groups: a programme group that received a high-quality, active learning preschool programme and a non-programme group that received no preschool programme. Follow-up interviews were conducted, examining both academic and life-style dimensions of the participants' lives. Results of the study have been published periodically. Now, the results are available as the study has followed these individuals through age 27. This most recent study, within which 95% of the original study participants were interviewed, also included data gathered from school, social services and arrest records.

As in earlier phases of the study, there are significant differences between those children who attended preschool and those who did not. For example, the children who attended the high quality active-learning preschool programme at ages 3 and 4 have fewer criminal arrests, higher earnings and property wealth, and greater commitment to marriage at age 27, than those children who did not attend preschool. Over participants' lifetimes, the public is receiving an estimated \$7.16 saving (in terms of fewer social services needed and greater contributions made) for every dollar invested in preschool.

The High/Scope Perry Preschool study and similar studies suggest that early childhood programmes have significant, lasting benefits because they:

- empower children, by enabling them to initiate and carry out their own learning activities and make independent decisions;
- empower parents, by involving them in ongoing relationships as full partners with teachers in supporting their children's development;
- empower teachers, by providing them with systematic inservice curriculum training, supportive curriculum supervision, and observational tools to assess children's development.

For more information, contact: High/Scope Press, 600 N. River St., Ypsilanti, MI 48198-2898. Phone: 313-485-2000 Ext. 274. Fax: 313-485-0704. Price: USD \$25.00.

Human Development and Family Studies in India: an Agenda for Research and Policy

EDITORS: T.S. SARANWATHI
AND BALRIT KAUR, SAGE
PUBLICATIONS
NEW DELHI, 1993

Childcare, early childhood education and the family are all widely recognised as being of fundamental importance. This is especially so in India where, with increasing rates of infant survival, more and more children are being brought up in circumstances which expose them to delayed or debilitated development in the crucial early years.

This timely volume underscores the need to develop appropriate programs and policies for child and human development which are culturally specific. To this end, the contributors advocate the grounding of research in rigorous theory while incorporating alterna-

tive formulations which go beyond description and focus on processes. Besides identifying issues and problems, the contributors suggest a range of possible solutions. They stress the need for and outline ways of achieving an interface between research, program and policy, and the desirability of effective and coordinated efforts to disseminate knowledge for the benefit of both practitioners and policy makers.

An important feature of this book is that it contains a truly interdisciplinary approach which considerably enriches the discussion. With its emphasis on the linkage between policy and research and on developing pragmatic programs based on theory and sound methodology, this book will interest scholars, activists or policy makers engaged in child development, social work, sociology and psychology. (from the bookjacket)

This book is aimed at front-line planners, managers and practitioners working at the district health level in developing countries who aim to prevent and reduce maternal mortality in line with the Safe Motherhood global initiative.

It should also be useful to those who plan or teach in schools, or those in informal adult education.

The book, which can be used as a field manual as well as a textbook, explains what Safe Motherhood means and how to mobilize and plan for it, as well as giving practical guidelines. There is a chapter on why the district level is so important for Safe Motherhood while another places the mother herself at the center for thinking and action.

The knowledge, skills and actions most needed at the community level are considered and the need for partnership between various district development sectors is looked at.

The importance of carefully designing a monitoring and evaluation system for assessing progress is also considered, while the final chapter focuses on the importance of research for Safe Motherhood. The book also contains appendices, a short glossary of words most commonly used, a list of references for further reading, plus a list of technical text books for health practitioners at the district level.

The author, who is a Senior Freelance Consultant in International Health, says the aim of the book is to help a broad range of people get the message of Safe Motherhood.

Turning the Tide is available from TALC, P.O. Box 49, St. Albans, Herts, AL1 4AX, United Kingdom. Price £5.50 plus £2 P&P.

Turning the Tide: A Safe Motherhood District Action Manual

by MARE-TERESE FEUERSTEIN,
TEACHING AIDS AT LOW COST
(TALC) U.K., 1993

This book is for people concerned with overcoming child and adult communications problems. It is aimed mainly at community-based rehabilitation workers and others who help with disabled children but it should also be useful to doctors and nurses concerned with primary health care and teachers who need to understand the difficulties faced by pupils with communications problems.

Hearing and Communication Disorders helps readers understand what communication involves and how it develops, then goes on to discuss ways in which we can observe communication and some of the ways in which it may fail to develop. Other sections deal with the communications problems of deaf people and the problems of mentally handicapped and cerebral palsied children. On the practical side, information is given on how to help a slow child develop language and how to help a very mentally handicapped child to communicate. Details are also given on hearing aids and how to observe hearing and hearing loss.

Hearing and Communication Disorders

by SHEILA WIRZ AND SALLY
WINDWARD, TALC, U.K., 1993

The book is written in plain English and each section has questions to help readers gauge how much they have learned and understood.

The authors are Sheila Wirz, a senior lecturer at the National Hospital's College of Speech Sciences in London, and Sandy Winyard, a lecturer in rehabilitation studies at the University of Southampton. Both have extensive experience as speech therapists and in specialist training for rehabilitation workers in the UK and abroad.

Available from TALC, P.O. Box 49, St. Albans, Herts AL1 4AX, United Kingdom. Price £3.80 plus £2.00 p&sp.

*School Improvement in the
Developing World - An
evaluation of the Aga Khan
Foundation Programme*

HARRY BLACK, R. GOVINDA,

FLORENCE KIRAGU

AND MARION DEVINE

THE SCOTTISH COUNCIL FOR

RESEARCH IN EDUCATION

EDINBURGH, 1993

Since 1967 the Aga Khan Foundation has promoted high-quality education in the low-income countries of Asia and Africa. This evaluation took a closer look at the principles underlying the Aga Khan Foundation's School Improvement programme. It explored in particular two projects, one in Bombay, India and the other in Kisumu, Kenya. The report analyses both existing research and original data from schools and classrooms. It will be of interest to anyone involved in improving schools through innovative development programmes.

Contents include: a review of literature on school improvement in the developing world; a case study of the project in Kisumu which includes an interesting account of clinical methods of staff development; a case study of the project in Bombay, which emphasised child-centred learning; a summary of the evaluation principles underpinning the Aga Khan foundation model of school improvement—this includes messages about student-centred learning, methods of staff training, project management, and cost issues; an appendix illustrating the extensive range of instruments used in the study.

Available From The Scottish Council for Research in Education (SCRE) for £10 including postage in the UK (elsewhere add £2.50). ISBN 0 947833 79X. SCRE, 15 St. John Street, Edinburgh EH8 8JR, United Kingdom. Tel (031) 557-2944. Fax (031) 556-9454.

*HIV Infection In
Children - Slide Set*

Teaching Aids At Lower Cost (TALC). A new slide set (48 slides with script) dealing with HIV infection in children is now available from TALC in St. Albans. It is aimed at doctors and other health workers who care for children with HIV infection, especially those who are responsible for teaching others, and medical students.

Although knowledge of the natural history of HIV infection in children remains incomplete, this set aims to provide health care workers with the information that is already available.

The set is divided into sections covering transmission, diagnosis, clinical manifestations, neurological problems, prognosis, and management issues.

The commentary warns that HIV-infected pregnant and newly-delivered women need careful counselling to help them cope with the uncertainties that they face, and says they need up-to-date information about the risk of infection for the baby, and factors which may influence the risk. It says that the role of breastfeeding in transmission of HIV is "extremely difficult" to study, and that the benefits and possible risks of breastfeeding are different in different parts of the world.

The text concludes that the rational policy for countries in sub-Saharan Africa is to continue to promote breastfeeding for all women, whatever their HIV status, because, although HIV carries some risk of infection, not breastfeeding carries a greater risk for the child, who may die of malnutrition, diarrhoea, or respiratory infection. The commentary says that the disease is still too new for us to

know how long a child born with HIV infection may remain well after birth, but signs and symptoms often show within four to five months.

It goes on to list symptoms and abnormalities related to HIV, such as enlargement of lymph nodes, and diseases, such as tuberculosis, likely to be encountered by children with HIV-damaged immunity. Other sections deal with counselling and community care, and the commentary concludes with a list of information and resource materials.

Available from TALC, P.O. Box 49, St. Albans, Herts, AL1 4AX, United Kingdom. Price: £9.60 for filmstrip and text with slide frames for self-mounting; £13.00 for a ready-mounted set with text. Prices include P&P for surface mail, for airmail please add £1.80. If you are in a developing country, deduct £2.00 from the quoted prices.

UNICEF's Women's Development Programme has taken an important step in its strategy to mainstream gender with the introduction of its quarterly newsletter, *ADVANCE*. The newsletter is a response to the need for networking, as well as the sharing and exchange of information, as the drive to integrate gender issues into UNICEF's programme process accelerates.

In the introductory newsletter, published July-Sept. 1993, there is a letter from the Editorial Board. It is included here as it provides a good overview of *ADVANCE*.

"We, in the Women's Development Programme Section, are pleased to present the first issue of our quarterly newsletter, *Women and Girls ADVANCE*. *ADVANCE* emerges from our conviction that an essential component of the move towards women's empowerment, is the sharing of ideas, successes, and lessons learned in our work to promote the well-being of women and girls.

The newsletter is also a response to the need for us to share with colleagues and counterparts — our critical partners in our work to mainstream gender throughout UNICEF's programme process — the activities and new initiatives of the Section.

Future publications of *ADVANCE* will rely greatly on the input of our colleagues and counterparts in the field. We encourage your feedback, letters to the editor, sharing of case studies, articles and other materials relating to Gender and Development (GAD). Your invaluable input will help provide additional information on activities in your region and enrich the quality and contents of *ADVANCE*."

For more information about subscribing or contributing to *ADVANCE* contact: UNICEF Women's Development Programme (DH-40D), 3 United Nations Plaza, New York, New York 10017. Phone: 212-702-7262/7268. Fax: 212-702-7148.

ADVANCE - a new newsletter from the Women's Development Programme at UNICEF

This Newsletter aims to provide information on life skills education worldwide.

"We want to spread awareness of the value of teaching skills for life to children and adolescents in school settings, and to encourage new initiative by sharing up-to-date news about what is going on in the area of life skills education in various parts of the world. In this way we aim to open up a channel for communicating ideas within a global network of workers in this field. The Newsletter will come out at six-monthly intervals for a limited period in order to help form and consolidate the network."

Each issue presents information on life skills for children of various ages, offers news on WHO programme activities, reports on pro-

Skills for Life Newsletter - a network coordinated by the WHO Division of Mental Health.

grammes and research related to the topic, and presents reports from particular countries.

To be included on the mailing list for the Skills for Life Newsletter, write to: Dr. John Orley, Senior Medical Officer, Division of Mental Health, World Health Organization, 1211 Geneva 27, Switzerland.

*Childhood - A Global
Journal of Child Research*

Childhood is a new quarterly journal, which first appeared in February, 1993. It is published in association with the Norwegian Centre for Child Research by Munksgaard International Publishers Ltd. of Copenhagen, Denmark.

The first issue contains the following articles: J. Gabarino, "Childhood: what do we need to know?"; B.E. Andersson, U. Kihlblom, and K. Sandqvist, "Rising Birth Rate in Sweden: a consequence of the welfare state and family policy?"; N. Kobayashi, "Child Ecology: a theoretical basis for solving children's problems in the world"; A.I. Odebiyi, "Sex-role Patterns: implication for AIDS in children"; B. Bakken, "Prejudice and Danger: the only-child in China".

USA subscription price for four issues is USD \$122.00 including airspeed delivery. DKK price is 700.00 including postage. For more information and subscription forms contact MUNKSGAARD International Publishers Ltd., 35 Nørre Søgade, P.O. Box 2148, DK-1016 Copenhagen K, Denmark. Tel: +45 33 12 70 30. Fax: +45 33 12 93 87. Or regional office: Munksgaard International Publishers Ltd., 238 Main Street, Cambridge, MA 02142-9740, USA. Tel: +1 (617) 547-7665. fax: +1 (617) 547-7489.



THE CONSULTATIVE GROUP ON EARLY CHILDHOOD CARE AND DEVELOPMENT (CG) is an international inter-agency group dedicated to improving the condition of young children at risk. The CG grounds its work in a cross-disciplinary view of child care and development.

Launched in 1984, the CG has taken as its main purpose the fostering of communication among international donor agencies and their national counterparts, among decision-makers, funders, researchers, programme providers, parents and communities with the goal of strengthening programmes benefitting young children and their families.

The Consultative Group is administered and represented by its Secretariat. The Group includes an International Advisory Committee and a broad-based network of participating organisations and individuals who share a commitment to fostering the well-being and healthy development of young children.

The CG is housed in UNICEF. Administrative backstopping is provided by the High Scope Foundation. Financial support for the Secretariat comes from participating organisations.

GOALS

TO INCREASE THE KNOWLEDGE BASE. The CG gathers, synthesizes and disseminates information on children's development, drawing from field experiences, traditional wisdom and scientific research.

TO SERVE AS A CATALYST. The CG works to increase awareness of issues affecting children, developing materials and strategies to help move communities, organisations and governments from rhetoric to practice, from policy to programming.

TO BUILD BRIDGES. The CG fosters networking among those with common concerns and interests working across sectoral divisions, putting people in touch with the work of others by organising meetings, by disseminating information through publications, and by serving as a communications point.

TO SERVE AS A SOUNDING BOARD. The CG engages in dialogue with funders and decision-makers about developments in the field, providing the base for policy formulation, planning, programming and implementation.

Members of the Secretariat occasionally provide technical assistance to individual organisations in programme design, implementation and evaluation, and in the writing of technical papers and reports.

The *Coordinators Notebook* is produced twice annually. It is one of our networking tools. Each issue focuses on a particular issue or topic, as well as offering network news. We try to provide information on the most appropriate research, field experience and practices to benefit individuals working with young children and their families. We encourage you to share this information with the other networks you take part in. Feel free to copy portions of this *Notebook* and disseminate the information to those who could benefit from it. Please let us know about any programmes or efforts benefitting young children and their families in which you may be involved.

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